

State of Florida



Public Service Commission

CAPITAL CIRCLE OFFICE CENTER • 2540 SHUMARD PARK BOULEVARD
TALLAHASSEE, FLORIDA 32399-0850

RECEIVED-FPSC

31 NOV 30 PM 1:28

COMMISSION
CLERK

-M-E-M-O-R-A-N-D-U-M-

DATE: November 30, 2011
TO: Ann Cole, Commission Clerk, Office of Commission Clerk
FROM: Robert Simpson, Engineering Specialist II, Division of Economic Regulation
RE: Docket No. 110260-SU; Application for staff-assisted rate case in Lee County by Useppa Island Utilities Co., Inc.

Attached are responses from the Utility regarding the October 5, 2011 letter which requested engineering information from Useppa Island Utilities, Co., Inc. Please place the attached documents in the docket file.

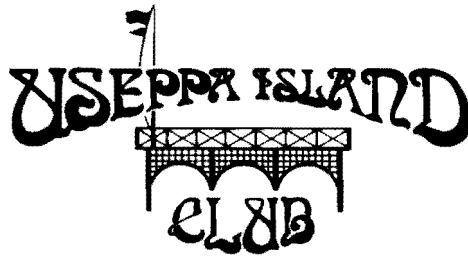
Should you have any questions, regarding this matter, please contact me.

Attachments

DOCUMENT NUMBER 110260-SU

08672 NOV 30 =

FPSC-COMMISSION CLERK



November 14, 2011

Attn: Robert Simpson

Florida Public Service Commission

2540 Shumard Oak Boulevard

Tallahassee, FL 32399

Re: Docket No. 110260-WS

Attn Mr. Simpson:

Attached is the information you request for the Useppa SARC. I will provide item number 10 and 11 during your site visit. Item # 12 there is no future expansion plans. Item # 13, we have not performed any plant additions or repairs. I am currently working on replacing the sand filters to my wwtp. I hope to have this completed by the time of your visit. Please contact me directly if you need any future questions or concerns at 239-283-6078 or

Sincerely,

Eric Glidden

Useppa Utility Company

11 NOV 17 PM 12:31

DOCUMENT NUMBER DATE

08672 NOV 30 =

FPSC-COMMISSION CLERK

Circa 1896

"Celebrating over 100 years of fine island living"

Useppa Utility Company

Annual Consumer Report on the Quality of Tap Water for 2010

Introduction

Useppa Utility Company is committed to providing residents with a safe and reliable supply of high-quality drinking water. We process and test our water using sophisticated equipment and advanced procedures. Useppa's tap water meets state and federal standards for both appearance and safety. This annual "Consumer Confidence Report," required by the Safe Drinking Water Act, tells you where your water comes from, how it is processed, what our tests show about it, and other things you should know about drinking water. Except where indicated otherwise, this report is based on the results of our monitoring for the period of January 1, 2010 to December 31, 2010.

This CCR report contains detailed information of the treatment process and results of testing for potentially harmful contaminants in your tap water. The information in this report can be summarized as follows:

Item
1

Useppa Island drinking water meets or surpasses all federal and state drinking water standards.

Please read this report carefully and if you have any questions, please contact Eric Glidden at the service office at (239)-283-6078 Monday - Friday between 7:30AM and 4:00PM. Customers are encouraged to share this report with non-billed water users. Additional copies are available at the service department office.

2010 CCR.

We encourage public interest and participation in our community's decisions affecting drinking water. If you would like to learn more, please attend any of our regularly scheduled Easter and New Years town meetings. All customers are welcome.

Treatment Plant History

Useppa Utility Company was established in 1981, utilizing a 27,000 GPD Polymeric plant with a wooden 16,000 gallon storage tank. In keeping up with growth, in the mid 1980's, two additional storage tanks and a 30,000 GPD Harn Reverse Osmosis System were added. In 1997, the outdated systems were replaced with our current 60,000 GPD Hydro-Pro Reverse Osmosis Plant. In 2000, we installed a 100KW automatic emergency generator. Our largest and most recent expansion occurred in 2003 when the utility plant installed a new 6" backup well, 100,000 gallon water storage tank, hydro-Pneumatic pressure tank and relocation of our high service pump facilities to the RO plant.

Water Source

The source of Useppa Utilities potable water supply is groundwater from the Mid-Hawthorn Aquifer. Local Geologists have estimated that this aquifer has a sufficient supply of water to support the future growth of Useppa Island. Source water currently being used by the RO plant has been estimated to be more than 10,000 years old, based on underground flow rates of inches per year.

Because of its mineral content, brackish water is the term used to describe the quality of the source water. Minerals are compounds commonly found in nature, like salts. The amount of minerals found in water are expressed as dissolved solids. The islands well water has a total dissolved solids (TDS) content of approximately 6000 parts per million (ppm), as opposed to the TDS of seawater, which is approximately 35,000 ppm.

Useppa has 2 wells at a depth of approximately 320 feet that tap this water supply. Our wells are located in the field just south of phase II-10 and the middle of the Collier Preserve.

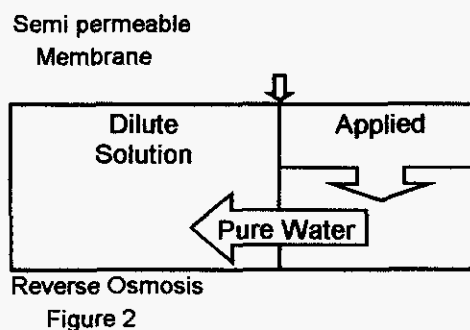
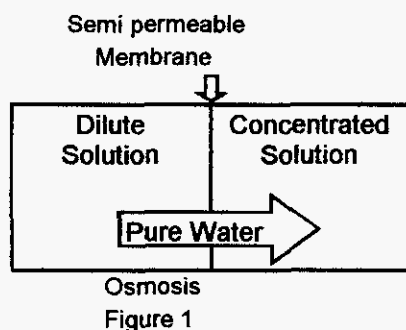
The depth of the Mid-Hawthorn Aquifer and the confining layers of earth above it, help to protect it from man-made contaminants. The major treatment requirement for our source water is reduction of total dissolved solids. The reverse osmosis treatment process does this very effectively.

Source Water Assessment

In 2009 the Department of Environmental Protection performed a Source Water Assessment on our system. The assessment was conducted to provide information about any potential sources of contamination in the vicinity of our wells. There are 2 potential sources of contamination identified for this system with a low susceptibility levels.. The assessment results are available on the FDEP Source Water Assessment and Protection Program website at www.dep.state.fl.us/swapp or they can be obtained from Useppa Utility Company at 239-283-6078.

Reverse Osmosis

Reverse osmosis (RO) is the opposite of osmosis, a process occurring in nature. Osmosis can be defined as the passage of a liquid from a weak (dilute) solution to a more concentrated solution across a semi permeable membrane. The semi permeable membrane allows the passage of the water but not the dissolved solids (see FIGURE 1). Reverse osmosis is accomplished by applying pressure to a concentrated solution forcing the pure water to flow through the semi permeable membrane to the weak (dilute) side (see FIGURE 2). Reverse Osmosis rejects between 98-99% of dissolved solids (salts), coliform bacteria, radioactive substances and other inorganic or organic chemicals that may be present in ground water systems.



Treatment Process

Source water entering the plant is called raw water. Upon entry, a scale inhibitor to prevent scaling, is added by injection. The addition of this chemical is commonly referred to as pretreatment. At this point, the raw water becomes the feed water. After pretreatment the feed water passes through a series of cartridge filters. They work similar to a pool filter, removing sand, silt, etc.

Upon passing through the cartridge filters, the water is pumped with high pressure pumps into the RO production units. When the feed water travels across the RO membrane elements, it is separated into useable (product) and non-useable (concentrate) water. Pretreatment keeps dissolved solids in liquid form during this separation. As required by permit, the concentrate is then discharged from the system by way of a pipeline to a leach field.

The concentrate is treated to maintain environmental standards. Although highly concentrated with dissolved solids, it sustains a concentration lower than that of salt water. The concentrate is diffused evenly throughout the leach field. The amount of concentrate removed in the RO process is approximately 50% of the feed water entering the system. The concentrate water is not drinkable nor is it suitable for irrigation due to the dissolved solids concentration.

After the RO units separate the water into product and concentrate, the product water flows toward the degasifier. The product water now enters the degasifiers where a final contaminant needing removal, hydrogen sulfide, is stripped from the water. Hydrogen sulfide produces the objectionable sulfur or "rotten egg" odor often found in well water. Product water cascades down packing in the degasifiers. It is forcibly mixed with air from a blower. The air strips the hydrogen sulfide from the water, and the combined hydrogen sulfide and air leaves a vent at the top of the degasifier. The water now falls into the clear well where chlorine and caustic soda are added. Chlorine (sodium hypochlorite) is added for disinfection and removal of any remaining hydrogen sulfide not removed by the degasifiers. From the clear well, the water is pumped to the storage tanks where it is called finished water. At this point, it is available for pumping to the consumer.

Water Quality Data Table

Useppa Utility routinely monitors for contaminants in your drinking water according to federal and state laws. The data here is based upon results compiled in the year 2010. Because of our consistent compliance with testing requirements and results that regularly exceed federal and state drinking-water standards, we have been granted reduced testing frequencies for many contaminants listed in the table. Therefore, some tests are conducted less frequently than once a year. If the test was not performed in 2010, then the most recent analysis is listed.

As water travels over the land or underground it can pick up substances or contaminants such as microbes, inorganic and organic chemicals, and radioactive substances. All drinking water, including bottled water, may be reasonably expected to contain at least small amounts of some contaminants. It is important to remember that the presence of these contaminants does not necessarily pose a health risk.

The water Quality Table lists only the contaminants that were detected. In addition to these, we also tested for many other contaminants that were not detected.

Water Quality Data Table Terms and Abbreviations

In this table you will find many terms and abbreviations you might be familiar with. To help you better understand these terms, we've provided the following definitions.

AL: Action Level - The concentration of a contaminant which, if exceeded, triggers treatment or other requirements which a water system must follow.

CU: Color Units - a measure of the color in water

pCi/L: Pico curies per liter - A measure of the radioactivity in water.

ppm: parts per million - one part by weight of analyte to 1 million parts by weight of the water sample.

ppb: parts per billion - one part by weight of analyte to 1 billion parts by weight of the water sample.

MCL: Maximum Contaminant Level - the highest level of a contaminants that is allowed in drinking water. MCL's are set as close to the MCGL's as feasible using the best available treatment technology.

MCLG: Maximum Contaminant Level Goal - the level of a contaminant in drinking water below which there is no known or expected risk to health. MCGL's allow for a margin of safety.

MRDL: Maximum Residual Disinfectant Level - the highest level of a disinfectant allowed in drinking water. There is convincing evidence that the addition of a disinfectant is necessary for control of microbial contaminants.

MRDLG: Maximum Residual Disinfectant Level Goal - the level of a drinking water disinfectant below which there is no known or expected risk to health. MRDLG's do not reflect the benefits of the use of disinfectants to control microbial contaminants.

TON: Threshold Odor Number - a measure of the odor in water.

Note: MCL's are set at very stringent levels. To understand the possible health effects described for many regulated constituents, a person would have to drink 2 liters of water every day at the MCL level for a lifetime to have a one-in-a-million chance of having the described health effect.

Useppa Utility Water Quality Data Table For Non-Secondary Contaminants

Contaminant and unit of measurement	MCL/TT/AL Violation Y/N	Level Detected	MCL	MCLG	Likely Source of Contamination	Date Tested
Microbiological Contaminants						
Total Coli form	1/10 N - 2 samples	0	For systems collecting fewer than 40 samples per month presence of coliform bacteria in 1 sample collected during a month.	0	Naturally Present in the environment	Monthly
	2/10 N - 2 samples	0				Monthly
	3/10 N - 2 samples	0				Monthly
	4/10 N - 2 samples	0				Monthly
	5/10 N - 2 samples	0				Monthly
	6/10 N - 2 samples	0				Monthly
	7/10 N - 8 samples	0				Monthly
	8/10 N - 2 samples	0				Monthly
	9/10 N - 2 samples	0				Monthly
	10/10 N - 8 samples	0				Monthly
	11/10 N - 2 samples	0				Monthly
	12/10 N - 2 samples	0				Monthly

Radioactive Contaminants

Radium 226 + 228 or combined Radium (pCi/L)	No	(1.6+0)	5	0	Erosion of natural deposits	7/11/2008
		(.5+0)				8/1/2008
		Ave 1.05				

Inorganic Contaminants

Sodium (ppm)	No	95	N/A	160	Salt water intrusion, leaching from soil	2/12/2009
		140				6/4/2009
		Ave 117.5				
Nitrate (ppm)	No	0.01	10	10	Runoff from fertilizer use; Leaching from septic tanks, sewage: Erosion of natural deposits.	3/16/2010
Nitrite (ppm)	No	0.01	1	1	Runoff from fertilizer use; Leaching from septic tanks, sewage: Erosion of natural deposits.	3/16/2010

TTHM's and Stage 1 Disinfectant/ Disinfection by-Product (D/DBP) Parameters

TTHM (Total trihalomethanes)(ppb)	No	10.65	80	N/A	By-Product of drinking chlorination	7/8/2010
HAA5 (Halo acetic Acids five)(ppb)	No	2.52	60	N/A	By-Product of drinking chlorination	7/8/2010
Chlorine (ppm)	No	1.45	MRDL 4	MRDLG 4	Water additive used to control microbes.	Monthly

Contaminant and unit of measurement	MCL/TT/AL Violation Y/N	Level Detected	MCL	MCLG	Likely Source of Contamination	Date Tested
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Secondary Contaminants

Odor (threshold odor number)	Yes	35	3	N/A	Natural occurrence from soil leaching, naturally organics	2/12/2009
		8				4/9/2009
		1.4				4/9/2009
		Ave14.8				

Lead and Copper

Copper (Tap water) (ppm)	No	0.033	AL= 1.3	1.3	Corrosion of household plumbing system; Erosion of natural deposits; Leaching from wood preservatives	6/28/2008
Lead (Tap Water) (ppb)	No	0	AL= 15	0	Corrosion of household plumbing systems; Erosion of natural deposits	6/28/2008

Additional Health Information

The sources of drinking water (both tap water and bottled water) include rivers, lakes streams, ponds, reservoirs, springs and wells. As water travels over the surface of the land or through the ground, it dissolves naturally-occurring minerals and, in some cases, radioactive material and can pick up substances resulting from the presence of animals or from human activity. Contaminants that may be present in source water include:

Microbial Contaminants, such as viruses and bacteria, which may come from sewage treatment plants, septic systems, agricultural livestock operations and wildlife.

Inorganic contaminants, such as salts and metals, which can be naturally-occurring or result from urban storm runoff, industrial or domestic wastewater discharges, oil and gas production, mining or farming.

Pesticides and herbicides, which may come from a variety of sources such as agriculture, storm water runoff and residential uses.

Organic chemical contaminants, including synthetic and volatile organics, which are by-products of industrial processes and petroleum production, and can also come from gas stations, urban storm water runoff and septic systems

Radioactive contaminants, which can be naturally-occurring or be the result of oil and gas production and mining activities.

In order to ensure that tap water is safe to drink, EPA prescribes regulations which limit the amount of certain contaminants in water provided by public water systems. FDA regulations establish limits for contaminants in bottled water which must provide the same protection for public health.

All drinking water, including bottled water, may reasonably be expected to contain at least small amounts of some contaminants. The presence of contaminants does not necessarily indicate that the water poses a health risk. More information about contaminants and potential health effects can be obtained by calling the Environmental Protection Agency's Safe Drinking Water Hotline at (800-426-4791).

Some people may be more vulnerable to contaminants in drinking water than is the general population. Immune-compromised persons such as persons with cancer undergoing chemotherapy, persons who have undergone organ transplants, people with HIV/Aids or other immune system disorders, some elderly and infants can be particularly at risk from infections. These people should seek advice about drinking water from their health care providers. EPA/CDC guidelines on appropriate means to lessen the risk of infection by *Cryptosporidium* are available from the Safe Drinking Water Hotline at (800-426-4791).

If present, elevated levels of lead can cause serious health problems, especially for pregnant women and young children. Lead in drinking water is primarily from materials and components associated with service lines and home plumbing. Useppa Utility Company is responsible for providing high quality drinking water, but cannot control the variety of materials used in plumbing components. When your water has been sitting for several hours, you can minimize the potential for lead exposure by flushing your tap for 30 seconds to 2 minutes before using water for drinking or cooking. If you are concerned about lead in your water, you may wish to have your water tested. Information on lead in drinking water, testing methods, and steps you can take to minimize exposure is available from the Safe Drinking Water Hotline at (800-426-4791) or <http://www.epa.gov/safewater/lead>.

Conclusion

Your drinking water meets or surpasses all federal and state drinking-water standards. We at the Useppa Utility Company Reverse Osmosis Plant work to provide high quality water to every tap. We ask that all customers help us protect and conserve our water sources, which are the heart of our community, our way of life and our children's future. Thank you for allowing us to continue providing your family with clean, quality water this year.

Frequently Asked Questions from Useppa Island Customers

We notice a slight chemical taste in the island's water. Can you tell us what this is? Where we used to live, we had great tasting drinking water.

The slight chemical taste that you may have noticed is probably chlorine. Although chlorine addition is essential to ensure the safety of your drinking water, it can affect the taste of the water. If the community you came from had a higher mineral or contaminant content in the water, it masked or hid the taste of chlorine in your water. This is why our water tastes a little different. You may wish to remove the chlorine by purchasing an inexpensive activated carbon (charcoal) filter, which you can install on your kitchen sink. If you should choose to do this, please remember to change these filters on a regular basis as recommended by the manufacturer. We also suggest that you keep a gallon of tap water in your refrigerator. Our groundwater is very warm, it is about 80 degrees coming out of your tap, and warm water is not appealing for drinking as cool water.

We notice from time to time a rotten egg smell to the water. What is this? Can it be treated?

The smell you have experienced is from hydrogen sulfide gas. Hydrogen sulfide produces the objectionable sulfur or "rotten egg" odor often found in well water. We rely on a degasifier to remove this gas. During hurricane Charley our degasifier was virtually blown apart. To eliminate the gas we had to use chlorine until the degasifier was re-constructed. Hydrogen Sulfide removal required a high chlorine demand and occasionally when the chlorine dose rate became low a rotten egg smell became noticeable.

The degasifier has been repaired and is now 100 percent operational. Our chlorine demand is back to normal and we have not heard any complaints of foul odors since.



SOUTH FLORIDA WATER MANAGEMENT DISTRICT

RECEIVED

AUG 23 2011

CON 24-06

Application No.: 080924-14

General Permit No.: 36-03239-W

August 19, 2011

USEPPA UTILITY COMPANY INC
P O BOX 640
BOKEELIA, FL 33922

BY: _____

Item

2

Copy of all

Permits

Dear Permittee:

SUBJECT: General Water Use Permit No.: 36-03239-W
Project: USEPPA UTILITY COMPANY
Location: LEE COUNTY, S9/T44S/R21E
Permittee: USEPPA UTILITY COMPANY INC

This letter is to notify you of the District's agency action concerning your Notice of Intent to Use Water. This action is taken pursuant to Chapter 40E-20, Florida Administrative Code (F.A.C.). Based on the information provided, District rules have been adhered to and a General Water Use Permit is in effect for this project subject to:

1. Not receiving a filed request for Chapter 120, Florida Statutes, administrative hearing and
2. The attached Limiting Conditions.

The purpose of this application is to obtain a Water Use Permit for public water supply for USEPPA Utility Company (USEPPA) serving 463 persons in the year 2031 with an average per capita use rate of 117 gallons per day. Withdrawals are from the Mid-Hawthorn aquifer via two existing withdrawal facilities. USEPPA proposes to continue to upgrade the reverse osmosis (RO) water treatment system and increase the efficiency. The project was previously permitted as a major general permit, but the permit was allowed to expire. Due to the proposed decrease in population and increase in efficiency of the RO system this permit will be issued as a minor general permit. Staff recommends issuance of the same permit number (36-03239-W) for file continuity.

Application Number: 080924-14
USEPPA UTILITY COMPANY INC
August 19, 2011
Page 2

Date Of Issuance: August 19, 2011

Expiration Date: August 19, 2031

Water Use Classification: Public Water Supply

Water Use Permit Status: Expired/Previously Permitted

Environmental Resource Permit Status: Not Applicable

Right Of Way Permit Status: Not Applicable.

Ground Water From: Mid-Hawthorn Aquifer

Permitted Allocation(s):

Annual Allocation:	19,772,400 Gallons
Maximum Monthly Allocation:	2,964,200 Gallons
Maximum Daily Allocation:	97,500 Gallons

Existing Withdrawal Facilities – Ground Water

Source: Mid-Hawthorn Aquifer

2 – 6" X 320' X 90 GPM Wells Cased To 280 Feet

Rated Capacity

Source(s)	Status Code	GPM	MGD	MGM	MGY
Mid-Hawthorn Aquifer	E	180	0.26	7.9	95
Totals:		180	0.26	7.9	95

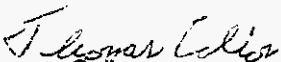
Application Number: 080924-14
USEPPA UTILITY COMPANY INC
August 19, 2011
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Should you object to the Limiting Conditions, please refer to the attached Notice of Rights which addresses the procedures to be followed if you desire a public hearing or other review of the proposed agency action. Please contact this office if you have questions concerning this matter. If we do not hear from you prior to the time frame specified in the Notice of Rights, we will assume that you concur with the District's recommendations.

Certificate Of Service

I HEREBY CERTIFY that a Notice of Rights has been mailed to the addressee not later than 5:00 p.m. this 19th day of August, 2011, in accordance with Section 120.60(3), Florida Statutes.

Sincerely,


Thomas Colios
Section Leader
Water Use Regulation Division

TDC /lu

Enclosure

c: Lee County HRS

Limiting Conditions

1. This permit shall expire on August 19, 2031.
2. Application for a permit modification may be made at any time.
3. Water use classification:

Public water supply

4. Source classification is:

Ground Water from:
Mid-Hawthorn Aquifer

5. Annual allocation shall not exceed 19.7724 MG.

Maximum monthly allocation shall not exceed 2.9642 MG.

6. Pursuant to Rule 40E-1.6105, F.A.C., Notification of Transfer of Interest in Real Property, within 30 days of any transfer of interest or control of the real property at which any permitted facility, system, consumptive use, or activity is located, the permittee must notify the District, in writing, of the transfer giving the name and address of the new owner or person in control and providing a copy of the instrument effectuating the transfer, as set forth in Rule 40E-1.6107, F.A.C.

Pursuant to Rule 40E-1.6107 (4), until transfer is approved by the District, the permittee shall be liable for compliance with the permit. The permittee transferring the permit shall remain liable for all actions that are required as well as all violations of the permit which occurred prior to the transfer of the permit.

Failure to comply with this or any other condition of this permit constitutes a violation and pursuant to Rule 40E-1.609, Suspension, Revocation and Modification of Permits, the District may suspend or revoke the permit.

This Permit is issued to:

USEPPA Utility Company
3907 SW 1st Street
Cape Coral, FL 33991

7. Withdrawal Facilities:

Ground Water – Existing:

2 – 6" X 320' X 90 GPM Wells Cased To 280 Feet

Limiting Conditions

8. Permittee shall mitigate interference with existing legal uses that was caused in whole or in part by the permittee's withdrawals, consistent with the approved mitigation plan. As necessary to offset the interference, mitigation will include pumpage reduction, replacement of the impacted individual's equipment, relocation of wells, change in withdrawal source, or other means.

Interference to an existing legal use is defined as an impact that occurs under hydrologic conditions equal to or less severe than a 1 in 10 year drought event that results in the:

(1) Inability to withdraw water consistent with provisions of the permit, such as when remedial structural or operational actions not materially authorized by existing permits must be taken to address the interference; or

(2) Change in the quality of water pursuant to primary State Drinking Water Standards to the extent that the water can no longer be used for its authorized purpose, or such change is imminent.

9. Permittee shall mitigate harm to existing off-site land uses caused by the permittee's withdrawals, as determined through reference to the conditions for permit issuance. When harm occurs, or is imminent, the District will require the permittee to modify withdrawal rates or mitigate the harm. Harm caused by withdrawals, as determined through reference to the conditions for permit issuance, includes:

(1) Significant reduction in water levels on the property to the extent that the designed function of the water body and related surface water management improvements are damaged, not including aesthetic values. The designed function of a water body is identified in the original permit or other governmental authorization issued for the construction of the water body. In cases where a permit was not required, the designed function shall be determined based on the purpose for the original construction of the water body (e.g. fill for construction, mining, drainage canal, etc.)

(2) Damage to agriculture, including damage resulting from reduction in soil moisture resulting from consumptive use; or

(3) Land collapse or subsidence caused by reduction in water levels associated with consumptive use.

Limiting Conditions

10. Permittee shall mitigate harm to the natural resources caused by the permittee's withdrawals, as determined through reference to the conditions for permit issuance. When harm occurs, or is imminent, the District will require the permittee to modify withdrawal rates or mitigate the harm. Harm, as determined through reference to the conditions for permit issuance includes:
 - (1) Reduction in ground or surface water levels that results in harmful lateral movement of the fresh water/salt water interface,
 - (2) Reduction in water levels that harm the hydroperiod of wetlands,
 - (3) Significant reduction in water levels or hydroperiod in a naturally occurring water body such as a lake or pond,
 - (4) Harmful movement of contaminants in violation of state water quality standards, or
 - (5) Harm to the natural system including damage to habitat for rare or endangered species.
11. If any condition of the permit is violated, the permit shall be subject to review and possible modification, enforcement action, or revocation.
12. Authorized representatives of the District shall be permitted to enter, inspect, and observe the *permitted system to determine compliance with special conditions*.
13. The Permittee is advised that this permit does not relieve any person from the requirement to obtain all necessary federal, state, local and special district authorizations.
14. The permit does not convey any property right to the Permittee, nor any rights and privileges other than those specified in the Permit and Chapter 40E-2, Florida Administrative Code.
15. Permittee shall submit all data as required by the implementation schedule for each of the *limiting conditions* to: SFWMD, Regulatory Support Division, MSC 2420, P.O. Box 24680, West Palm Beach, FL 33416-4680.
16. In the event of a declared water shortage, water withdrawal reductions will be ordered by the District in accordance with the Water Shortage Plan, Chapter 40E-21, F.A.C. The Permittee is advised that during a water shortage, pumpage reports shall be submitted as required by Chapter 40E-21, F.A.C.
17. Pursuant to Subsection 373.243 (4), Florida Statutes, nonuse of the water supply for a period of two years or more at any time within the duration of the permit may result in the District revoking the permit in whole or in part, unless the Permittee can demonstrate that the Permittee's nonuse of water was due to extreme hardship caused by factors beyond the Permittee's control.
18. The Permittee shall notify the District within 30 days of any change in service area boundary. If the Permittee will not serve a new demand within the service area for which the annual allocation was calculated, the annual allocation may then be subject to modification and reduction.

Application Number: 080924-14
USEPPA UTILITY COMPANY INC
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Limiting Conditions

19. *Public water utilities that control, either directly or indirectly, a wastewater treatment plant, and which have determined pursuant to Section 403.064, F.S., that use of reclaimed water is feasible, must provide the District with annual updates of the following information: (1) the status of distribution system construction, including location and capacity of lines; (2) a summary of uncommitted supplies for the next year; (3) copies of any new or amended local mandatory reclaimed water reuse zone ordinances; and (4) a list of end-users who have contracted to receive reclaimed water and the agreed upon quantity of water to be delivered.*

NOTICE OF RIGHTS

As required by Sections 120.569(1), and 120.60(3), Fla. Stat., following is notice of the opportunities which may be available for administrative hearing or judicial review when the substantial interests of a party are determined by an agency. Please note that this Notice of Rights is not intended to provide legal advice. Not all the legal proceedings detailed below may be an applicable or appropriate remedy. You may wish to consult an attorney regarding your legal rights.

RIGHT TO REQUEST ADMINISTRATIVE HEARING

A person whose substantial interests are or may be affected by the South Florida Water Management District's (SFWMD or District) action has the right to request an administrative hearing on that action pursuant to Sections 120.569 and 120.57, Fla. Stat. Persons seeking a hearing on a District decision which does or may determine their substantial interests shall file a petition for hearing with the District Clerk within 21 days of receipt of written notice of the decision, unless one of the following shorter time periods apply: 1) within 14 days of the notice of consolidated intent to grant or deny concurrently reviewed applications for environmental resource permits and use of sovereign submerged lands pursuant to Section 373.427, Fla. Stat.; or 2) within 14 days of service of an Administrative Order pursuant to Subsection 373.119(1), Fla. Stat. "Receipt of written notice of agency decision" means receipt of either written notice through mail, or electronic mail, or posting that the District has or intends to take final agency action, or publication of notice that the District has or intends to take final agency action. Any person who receives written notice of a SFWMD decision and fails to file a written request for hearing within the timeframe described above waives the right to request a hearing on that decision.

Filing Instructions

The Petition must be filed with the Office of the District Clerk of the SFWMD. Filings with the District Clerk may be made by mail, hand-delivery or facsimile. **Filings by e-mail will not be accepted.** Any person wishing to receive a clerked copy with the date and time stamped must provide an additional copy. A petition for administrative hearing is deemed filed upon receipt during normal business hours by the District Clerk at SFWMD headquarters in West Palm Beach, Florida. Any document received by the office of the SFWMD Clerk after 5:00 p.m. shall be filed as of 8:00 a.m. on the next regular business day. Additional filing instructions are as follows:

- Filings by mail must be addressed to the Office of the SFWMD Clerk, P.O. Box 24680, West Palm Beach, Florida 33416.
- Filings by hand-delivery must be delivered to the Office of the SFWMD Clerk. **Delivery of a petition to the SFWMD's security desk does not constitute filing. To ensure proper filing, it will be necessary to request the SFWMD's security officer to contact the Clerk's office.** An employee of the SFWMD's Clerk's office will receive and file the petition.
- Filings by facsimile must be transmitted to the SFWMD Clerk's Office at (561) 682-6010. Pursuant to Subsections 28-106.104(7), (8) and (9), Fla. Admin. Code, a party who files a document by facsimile represents that the original physically signed document will be retained by that party for the duration of that proceeding and of any subsequent appeal or subsequent proceeding in that cause. Any party who elects to file any document by facsimile shall be responsible for any delay, disruption, or interruption of the electronic signals and accepts the full risk that the document may not be properly filed with the clerk as a result. The filing date for a document filed by facsimile shall be the date the SFWMD Clerk receives the complete document.

Initiation of an Administrative Hearing

Pursuant to Rules 28-106.201 and 28-106.301, Fla. Admin. Code, initiation of an administrative hearing shall be made by written petition to the SFWMD in legible form and on 8 and 1/2 by 11 inch white paper. All petitions shall contain:

1. Identification of the action being contested, including the permit number, application number, District file number or any other SFWMD identification number, if known.
2. The name, address and telephone number of the petitioner and petitioner's representative, if any.
3. An explanation of how the petitioner's substantial interests will be affected by the agency determination.
4. A statement of when and how the petitioner received notice of the SFWMD's decision.
5. A statement of all disputed issues of material fact. If there are none, the petition must so indicate.
6. A concise statement of the ultimate facts alleged, including the specific facts the petitioner contends warrant reversal or modification of the SFWMD's proposed action.
7. A statement of the specific rules or statutes the petitioner contends require reversal or modification of the SFWMD's proposed action.
8. If disputed issues of material fact exist, the statement must also include an explanation of how the alleged facts relate to the specific rules or statutes.
9. A statement of the relief sought by the petitioner, stating precisely the action the petitioner wishes the SFWMD to take with respect to the SFWMD's proposed action.

A person may file a request for an extension of time for filing a petition. The SFWMD may, for good cause, grant the request. Requests for extension of time must be filed with the SFWMD prior to the deadline for filing a petition for hearing. Such requests for extension shall contain a certificate that the moving party has consulted with all other parties concerning the extension and that the SFWMD and any other parties agree to or oppose the extension. A timely request for extension of time shall toll the running of the time period for filing a petition until the request is acted upon.

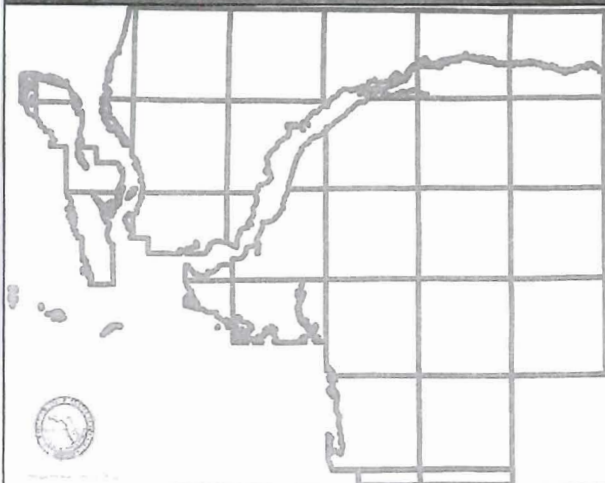
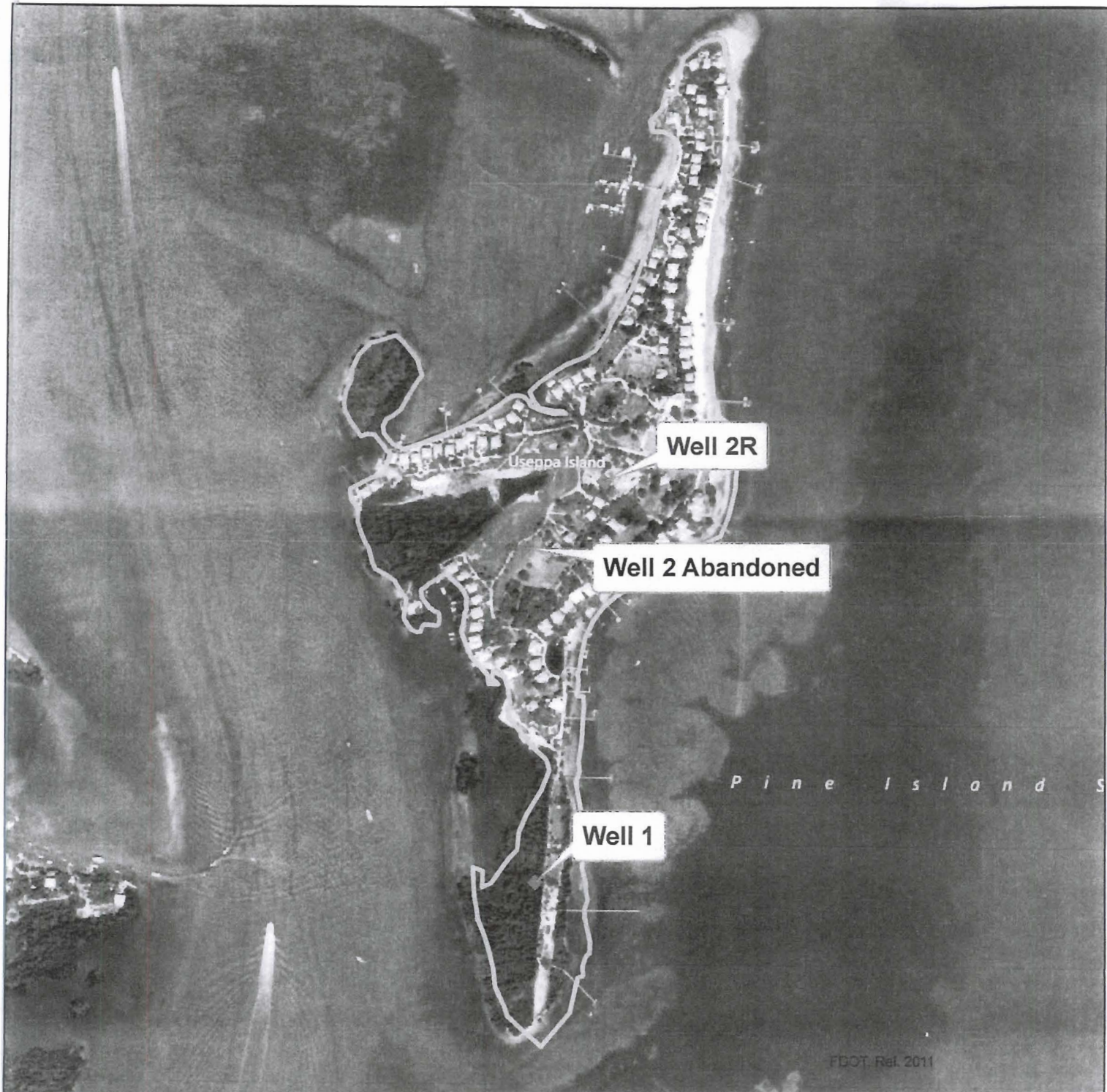
If the District takes action with substantially different impacts on water resources from the notice of intended agency decision, the persons who may be substantially affected shall have an additional point of entry pursuant to Rule 28-106.111, Fla. Admin. Code, unless otherwise provided by law.

Mediation

The procedures for pursuing mediation are set forth in Section 120.573, Fla. Stat., and Rules 28-106.111 and 28-106.401-405, Fla. Admin. Code. The SFWMD is not proposing mediation for this agency action under Section 120.573, Fla. Stat., at this time.

RIGHT TO SEEK JUDICIAL REVIEW

Pursuant to Sections 120.60(3) and 120.68, Fla. Stat., a party who is adversely affected by final SFWMD action may seek judicial review of the SFWMD's final decision by filing a notice of appeal pursuant to Florida Rule of Appellate Procedure 9.110 in the Fourth District Court of Appeal or in the appellate district where a party resides and filing a second copy of the notice with the SFWMD Clerk within 30 days of rendering of the final SFWMD action.



LEE COUNTY, FLORIDA

Application

◆ WELL

Application Number: 080924-14

Sec 9 / Twp 44 / Rge 21

Project Name: USEPPA UTILITY COMPANY

0 0.125 0.25
Miles

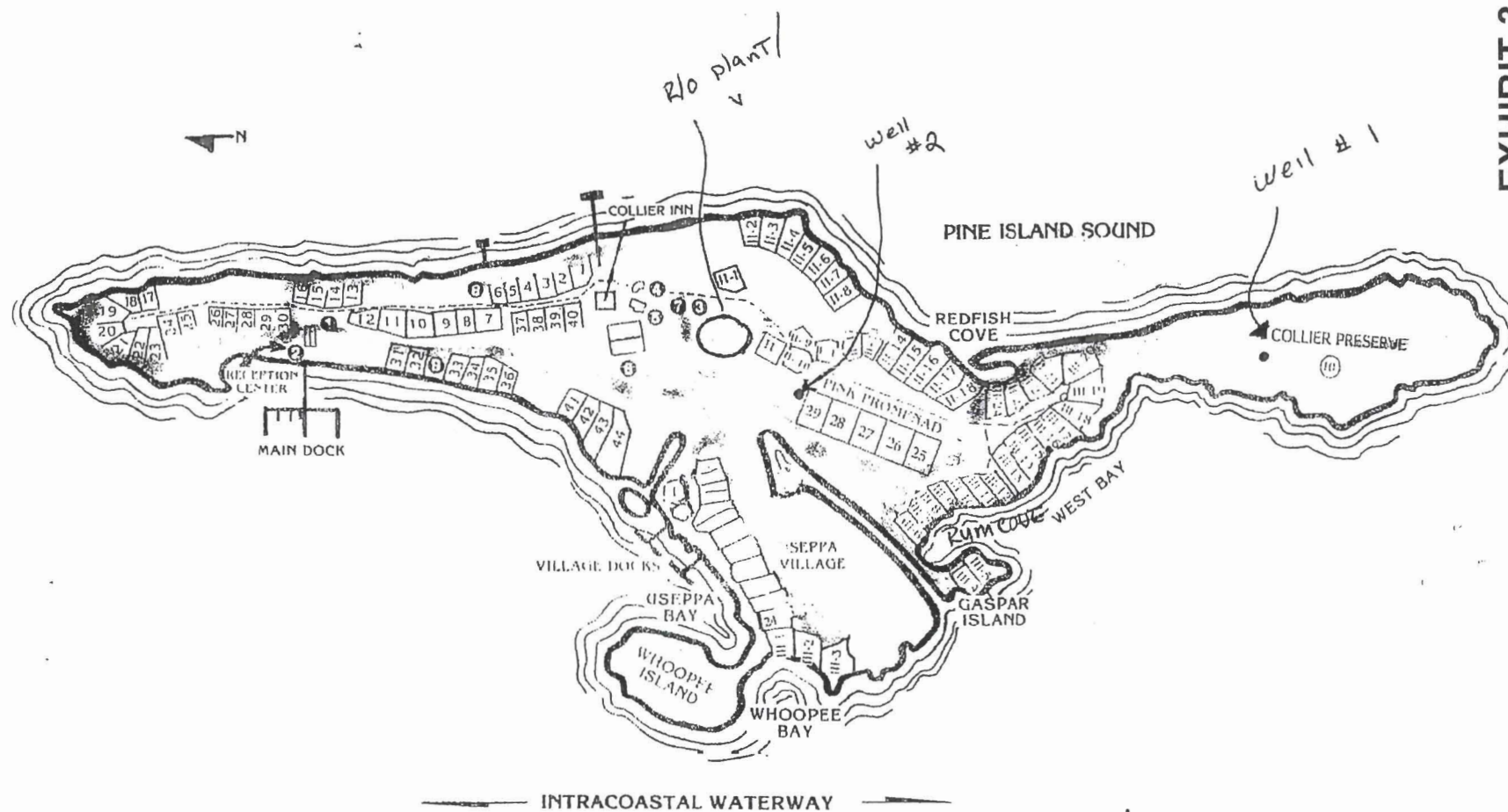
N



Map Date: 2011-08-17

Permit Number: 36-03239-W

Exhibit No: 2



1. RECEPTION CENTER, ADMINISTRATION, TARPON BAR, AND GENERAL STORE
2. BARBECUE AREA
3. HISTORICAL MUSEUM
4. SWIMMING POOL/SPA/SUN DECK
5. PRO SHOP
6. HAR TRU TENNIS COURTS
7. CROQUET COURTS
8. WHITE SAND BEACH
9. FITNESS CENTER
10. COLLIER PRESERVE
11. FIRE COMPANY RESIDENCE



TABLE - A
Description Of Wells.

Application Number: 080924-14

Well ID	25277	25278	114685
Name	Well 1	Well 2 Abandoned	Well 2R (replace well 2)
Map Designator	Well 1	Well 2 Abandoned	Well 2R
FLUWID Number			
Well Field			
Existing/Proposed	E	E	E
Well Diameter(Inches)	6	4	6
Total Depth(feet)	320	300	320
Cased Depth(feet)	280	290	280
Facility Elev. (ft. NGVD)			
Screened Interval			
From	0	0	
To	0	0	
Pumped Or Flowing	P	P	P
Pump Type	centrifugal	centrifugal	centrifugal
Pump Int. Elev.			
Feet (NGVD)			
Feet (BLS)	110	0	110
Pump Capacity(GPM)	90	0	90
Year Drilled	1989	1989	2002
Planar Location			
Source	APPLICANT	APPLICANT	APPLICANT
Feet East	259848	259783	260209
Feet North	846032	847805	848157
Accounting Method	unspecified	unspecified	flow meter
Use Status	Secondary	Abandoned	Primary
Water Use Type	Public Water Supply	Public Water Supply	Public Water Supply
	Mid-Hawthorn Aquifer	Mid-Hawthorn Aquifer	Mid-Hawthorn Aquifer
Aquifer			

Exhibit No: 4

Summary Of Water Use Demands & Recommended Allocation Components

Application Number: 080924-14

Public Water SupplyRecommended Allocation (MGD): 0.0542 Recommended Maximum Month Withdrawals (MGM): 2.9642

Description	Population	Rec. PCUR	----- Recommended Demands--		Delivery System Efficiency	-----Recommended Alloca	
			<u>Avg. Daily</u> <u>MGD</u>	<u>Peak Factor</u>		<u>Daily</u> <u>MGD</u>	<u>Max. Monthly</u> <u>MGM</u>
USEPPA ISLAND	463	117	0.0542	1.8	100%	0.0542	2.9642

Exhibit No: 5



Florida Department of Environmental Protection

South District
P.O. Box 2549
Fort Myers, Florida 33902-2549

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

CERTIFIED MAIL NO: 7008 0500 0000 7774 3226
RETURNED RECEIPT REQUESTED

In the Matter of an
Application for Permit by:

Useppa Island Utility Company
Eric Glidden
P. O. Box 640
Bokeelia, Florida 33922

Lee County - 1W
Useppa Island Reverse Osmosis Concentrate Disposal Facility
File Number FLA146102-003-IW5C
Charlotte Harbor TMDL Basin

NOTICE OF PERMIT ISSUANCE

Enclosed is Permit Number FLA146102 to operate the Useppa Island Reverse Osmosis Concentrate Disposal Facility, issued under Chapter 403, Florida Statutes.

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.

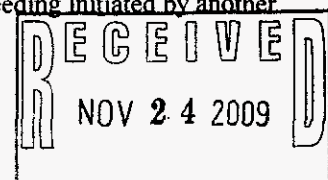
The Department's proposed agency action shall become final unless a timely petition for an administrative hearing is filed under Sections 120.569 and 120.57, Florida Statutes, within fourteen days of receipt of notice. The procedures for petitioning for a hearing are set forth below.

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, 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.

Under Rule 62-110.106(4), Florida Administrative Code, a person may request an extension of the time for filing a petition for an administrative hearing. The request must be filed (received by the Clerk) in the Office of General Counsel before the end of the time period for filing a petition for an administrative hearing.

Petitions by the applicant or any of the persons 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), 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. Section 120.60(3), Florida Statutes, however, also allows that 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 or request for an extension of time within fourteen days of receipt of notice shall constitute a waiver of that person's right to request an administrative determination (hearing) under Sections 120.569 and 120.57, Florida Statutes. Any subsequent intervention (in a proceeding initiated by another



Notice of Permit Issuance
Useppa Island Reverse Osmosis Concentrate Disposal Facility
FLA146102-003-IW5C/NR

party) will be only at the discretion of the presiding officer upon the filing of a motion in compliance with Rule 28-106.205, Florida Administrative Code.

A petition that disputes the material facts on which the Department's action is based must contain the following information, as indicated in Rule 28-106.201, Florida Administrative Code:

- (a) The name and address of each agency affected and each agency's file or identification number, if known;
- (b) The name, address, and telephone number of the petitioner; the name, address, and telephone number of the petitioner's representative, if any, which shall be the address for service purposes during the course of the proceeding; and an explanation of how the petitioner's substantial interests will be affected by the determination;
- (c) A statement of when and how the petitioner received notice of the Department's decision;
- (d) A statement of all disputed issues of material fact. If there are none, the petition must so indicate;
- (e) A concise statement of the ultimate facts alleged, including the specific facts the petitioner contends warrant reversal or modification of the Department's proposed action;
- (f) A statement of the specific rules or statutes the petitioner contends require reversal or modification of the Department's proposed action; and
- (g) A statement of the relief sought by the petitioner, stating precisely the action petitioner wishes the Department to take with respect to the Department's proposed action.

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.

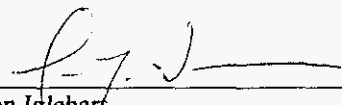
Mediation under Section 120.573, Florida Statutes, is not available for this proceeding.

This permit action is final and effective on the date filed with the Clerk of the Department unless a petition (or request for an extension of time) is filed in accordance with the above. Upon the timely filing of a petition (or request for an extension of time), this permit will not be effective until further order of the Department.

Any party to the permit has the right to seek judicial review of the permit action under Section 120.68, Florida Statutes, by the filing of a notice of appeal under Rules 9.110 and 9.190, Florida Rules of Appellate Procedure, with the Clerk of the Department in the Office of General Counsel, 3900 Commonwealth Boulevard, Mail Station 35, 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 this permit action is filed with the Clerk of the Department.

Executed in Ft. Myers, Florida.

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION



Jon Iglehart
Director of
District Management

FILING AND ACKNOWLEDGMENT

FILED, on this date, under Section 120.52, Florida Statutes, with the designated Deputy Clerk, receipt of which is hereby acknowledged.

Julius A. Mea 11-23-09
[Clerk] [Date]

CERTIFICATE OF SERVICE

The undersigned hereby certifies that this NOTICE OF PERMIT ISSUANCE and all copies were mailed before the close of business on November 23, 2009, to the listed persons.

Julius A. Mea
Name

11-23-09
Date

Enclosure: Permit, Statement of Basis, Discharge Monitoring Report

Copies furnished to:

David W. Schmitt, P.E.
David Rhodes, P.G.
Keith Kleinmann



Florida Department of Environmental Protection

South District
P.O. Box 2549
Fort Myers, Florida 33902-2549

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

STATE OF FLORIDA INDUSTRIAL WASTEWATER FACILITY PERMIT

PERMITTEE:

Useppa Island Utility Company

RESPONSIBLE OFFICIAL:

Eric Glidden
P. O. Box 640
Bokeelia, Florida 33922
(239) 283-6078

PERMIT NUMBER: FLA146102-003

FILE NUMBER: FLA146102-003-IW5C

ISSUANCE DATE: November 23, 2009

EXPIRATION DATE: November 22, 2014

FACILITY:

Useppa Island Reverse Osmosis Concentrate Disposal Facility
Useppa Island, FL
Lee County
Latitude: 26°39' 46" N Longitude: 82°12' 41" 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:

FACILITY DESCRIPTION:

The facility is a drinking water treatment plant for Useppa Island.

WASTEWATER TREATMENT:

The reverse osmosis concentrate from the water treatment facility is discharged to a land application system.

REUSE OR DISPOSAL:

Land Application G-001: G-001 is a land application system consisting of a dual cell drainfield. The permitted capacity for the system is 50,000 gallons per day, monthly daily flow. Each cell is 25 feet by 20 feet. G-001 is located approximately at latitude 26°39' 15" N, longitude 82°12' 45" 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 10 of this permit.

PERMITTEE: Useppa Island Utility Company
FACILITY: Useppa Island R.O. Concentrate Disposal Facility

PERMIT NUMBER: FLA146102-003
EXPIRATION DATE: November 22, 2014

I. EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

A. Land Application Systems

- 1 During the period beginning on the issuance date and lasting through the expiration date of this permit, the permittee is authorized to discharge reverse osmosis concentrate to Land Application System G-001.
- 2 The monthly average shall not exceed 50,000 gallons per day.
- 3 Concentrate flows must be recorded daily. These records must be kept onsite and made available for the Department inspection.

B. Other Limitations and Monitoring and Reporting Requirements

- 1 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. [62-4.246, 62-160]
- 2 The permittee shall provide safe access points for obtaining representative influent and effluent samples which are required by this permit. [62-620.320(6)]
- 3 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 1 - June 30 July 1 - September 30 October 1 - December 31	April 28 July 28 October 28 January 28
Semiannual	January 1 - June 30 July 1 - December 30	July 28 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 South District Office at the address specified in Permit Condition I.B.3. by the twenty-eighth (28th) of the month following the month of operation.

[62-620.610(18)]

- 4 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 South District Office at the address specified below:

Florida Department of Environmental Protection South District
2295 Victoria Ave
Suite 364

PERMITTEE: Useppa Island Utility Company
FACILITY: Useppa Island R.O. Concentrate Disposal Facility

PERMIT NUMBER: FLA146102-003
EXPIRATION DATE: November 22, 2014

Ft. Myers, Florida 33901-3881

Phone Number - (239)332-6975

FAX Number - (239)332-6969

(All FAX copies and e-mails shall be followed by original copies.)

[62-620.305]

5. All reports and other information shall be signed in accordance with the requirements of Rule 62-620.305, F.A.C. [62-620.305]
6. If there is no discharge from the facility on a day when the facility would normally sample, the sample shall be collected on the day of the next discharge. [62-620.320(6)]

II. SLUDGE MANAGEMENT REQUIREMENTS

This section is not applicable.

III. GROUND WATER REQUIREMENTS

Operational Requirements

1. All piezometers and monitoring wells not part of the approved ground water monitoring plan are to be plugged and abandoned in accordance with Rule 62-532.500(4), F.A.C., unless future use is intended. [62-532.500(4)][62-520.600]
2. For the land application system for G-001, all ground water quality criteria specified in Chapter 62-520, F.A.C., shall be met at the edge of the zone of discharge. The zone of discharge for this project shall extend horizontally 100 feet from the application site and vertically to the base of the shallow water table aquifer. [62-520.200(26)][62-520.465]
3. The ground water minimum criteria specified in Rule 62-520.400 F.A.C., shall be met within the zone of discharge. [62-520.400 and 62-520.420(4)]
4. If the concentration for any constituent listed in Permit Condition III.7 in the natural background quality of the ground water is greater than the stated maximum, or in the case of pH is also less than the minimum, the representative background quality shall be the prevailing standard. [62-520.420(2)]
5. During the period of operation authorized by this permit, the permittee shall sample ground water at the monitoring wells identified in Permit Condition III.6. below in accordance with this permit and the approved ground water monitoring plan prepared in accordance with Rule 62-520.600, F.A.C. [62-520.600][62-610.463]
6. The following monitoring wells shall be sampled for Land Application system G-001.

Monitoring Well ID	Alternate Well Name and/or Description of Monitoring Location	Depth (Feet)	Aquifer Monitored	New or Existing
MWI-52184	US-1 Down gradient IW Monitoring Well	15	Surficial	Existing

MWI = Intermediate [62-520.600][62-610.463]

PERMITTEE: Useppa Island Utility Company
FACILITY: Useppa Island R.O. Concentrate Disposal Facility

PERMIT NUMBER: FLA146102-003
EXPIRATION DATE: November 22, 2014

7. The following parameters shall be analyzed for the monitoring well identified in Permit Condition III.6. Results shall be reported on the permittee's Discharge Monitoring Report in accordance with Condition I.B.3.

Parameter	Limit	Units	Sample Type	Monitoring Frequency
Water Level Relative to NGVD (NAVD allowable)	Report	ft	In Situ	Semi-Annually
Nitrogen, Nitrate, Total (as N)	Report	mg/L	Grab	Semi-Annually
Nitrogen, Nitrite, Total (as N)	Report	mg/L	Grab	Semi-Annually
Solids, Total Dissolved (TDS)	Report	mg/L	Grab	Semi-Annually
Arsenic, Total Recoverable	Report	ug/L	Grab	Semi-Annually
Chloride (as Cl)	Report	mg/L	Grab	Semi-Annually
Coliform, Total	Report	#/100mL	Grab	Semi-Annually
pH	Report	s.u.	In Situ	Semi-Annually
Sulfate, Total	Report	mg/L	Grab	Semi-Annually
Combined Radium 226 & 228	Report	pCi/L	Grab	Semi-Annually
Alpha, Gross Particle Activity	Report	pCi/L	Grab	Semi-Annually
Turbidity	Report	NTU	Grab	Semi-Annually
Specific Conductance	Report	umhos/cm	In Situ	Semi-Annually
Temperature (C), Water	Report	Deg C	In Situ	Semi-Annually
Oxygen, Dissolved (DO)	Report	mg/L	In Situ	Semi-Annually

[62-520.600(11)(b)][62-520.600(1)][62-601.300(3), 62-601.700 and Figure 3 of 62-601][62-601.300(6)][62-520.310(5)][62-520.420(1)][62-520.400][62-550.310][62-550.320]

8. Water levels shall be recorded before evacuating each well for sample collection. Elevation references shall include the top of the well casing and land surface at each well site (NAVD allowable) at a precision of plus or minus 0.01 foot. [62-520.600(1)][62-520.600(11)(c)][62-610.463(3)(a)]
9. Ground water monitoring wells shall be purged prior to sampling to obtain representative samples. [62-520.600(1)] [62-160.210][62-601.700(5)]
10. Analyses shall be conducted on unfiltered samples, unless filtered samples have been approved by the Department's South District Office as being more representative of ground water conditions. [62-520.600(1)] [62-520.310(5)]
11. Ground water monitoring test results shall be submitted on Part D of DEP Form 62-620.910(10) in accordance with Permit Condition I.B.3. [62-520.600(11)(b)]
12. If any monitoring well becomes damaged or inoperable, the permittee shall notify the Department's South District Office immediately and a detailed written report shall follow within seven days. The written report shall detail what problem has occurred and remedial measures that have been taken to prevent recurrence. All monitoring well design and replacement shall be approved by the Department's South District Office prior to installation. [62-520.600][62-620.320(6)]
13. The permittee shall provide verbal notice to the Department's South District Office as soon as practical after discovery of a sinkhole 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 South District Office in a written report within seven days of the sinkhole discovery. [62-620.070(3)]

PERMITTEE: Useppa Island Utility Company
FACILITY: Useppa Island R.O. Concentrate Disposal Facility

PERMIT NUMBER: FLA146102-003
EXPIRATION DATE: November 22, 2014

IV. ADDITIONAL LAND APPLICATION REQUIREMENTS

The drainfield system shall be operated to preclude saturated conditions from developing at the ground surface.
[62-620.320(6)]

V. OPERATION AND MAINTENANCE REQUIREMENTS

1. During the period of operation authorized by this permit, the wastewater facilities shall be operated under the supervision of a person who is qualified by formal training and/or practical experience in the field of water pollution control. [62-620.320(6)]
2. 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. A copy of the current permit;
 - e. A copy of any required record drawings; and
 - f. Copies of the logs and schedules showing plant operations and equipment maintenance for three years from the date of the logs or schedules.

[62-620.350]

VI. SCHEDULES

1. As requested in the letter by David W. Schmitt, P.E. to the Department, dated October 30, 2009, the following improvement actions shall be completed according to the following schedule.

Improvement Action	Completion Date
a. Obtain approval for an injection well exploratory program.	8 months after permit issuance
b. Obtain permit for the test well or wells.	8 months after permit issuance
c. Complete the exploratory program.	12 months after permit issuance
d. Obtain construction permits for injection well or wells.	20 months after permit issuance
e. Complete the injection well or wells.	27 months after permit issuance
f. Obtain operation permits for the injection well or wells.	35 months after permit issuance

[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 180 days 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. BEST MANAGEMENT PRACTICES/STORMWATER POLLUTION PREVENTION PLANS

Section VII is not applicable to this facility.

PERMITTEE: Useppa Island Utility Company
FACILITY: Useppa Island R.O. Concentrate Disposal Facility

PERMIT NUMBER: FLA146102-003
EXPIRATION DATE: November 22, 2014

VIII. OTHER SPECIFIC CONDITIONS

1. 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)]
2. The permittee shall provide verbal notice to the Department's South 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, or wastewater sludges. The Permittee shall immediately implement measures appropriate to control the entry of contaminants, and shall detail these measures to the Department's South District in a written report within 7 days of the sinkhole discovery. [62-620.320(6)]

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)]
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)]

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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)]*
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

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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.
 - 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 South District 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:

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- (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;
 - (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 South District 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 South District 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, 18 or 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,

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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)]

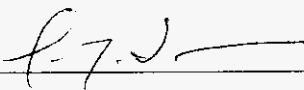
23. Upset Provisions.

- 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.
- 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.5. 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 Fort Myers, Florida.

STATE OF FLORIDA DEPARTMENT OF
ENVIRONMENTAL PROTECTION



Jon Iglehart, Director of District Management

DATE: November 23, 2009

**STATEMENT OF BASIS
FOR
STATE OF FLORIDA INDUSTRIAL WASTEWATER FACILITY PERMIT**

PERMIT NUMBER: FLA146102-003

FACILITY NAME: Useppa Island Reverse Osmosis Concentrate Disposal Facility

FACILITY LOCATION: Useppa Island, FL
Lee County

NAME OF PERMITTEE: Useppa Island Utility Company

PERMIT WRITER: Nolin Moon

1. SUMMARY OF APPLICATION

a. Chronology of Application

Application Number: FLA146102-003-IW5C

Application Submittal Date: January 16, 2009

b. Type of Facility

The facility is a drinking water treatment plant for Useppa Island.

SIC Code: 4941 - Water Supply and Irrigation Systems

c. Facility Capacity

Permitted Capacity: 50,000 Gallons Per Day, Monthly Average Daily Flow

d. Description of Wastewater Treatment

The reverse osmosis concentrate from the water treatment facility is discharged to a land application system.

e. Description of Effluent Disposal and Land Application Sites (as reported by applicant)

A dual cell drainfield.

2. SUMMARY OF SURFACE WATER DISCHARGE

This facility does not discharge to surface waters.

3. BASIS FOR PERMIT LIMITATIONS AND MONITORING REQUIREMENTS

This facility is authorized to discharge reverse osmosis reject water to the drainfield, based on 62-620.320(1), FAC.

The permittee has provided reasonable assurances have been provided to indicate that the proposed project will not

adversely impact water quality and the proposed project will comply with the appropriate provisions of Florida Administrative Code Rules, including Chapters 62-4, 62-302, 62-500 series and 62-600 series.

4. DISCUSSION OF CHANGES TO PERMIT LIMITATIONS

The new wastewater permit for this facility FLA146102-003-IW5C expires in 2014.

5. INDUSTRIAL SLUDGE MANAGEMENT

This facility does not produce a sludge.

6. GROUND WATER MONITORING REQUIREMENTS

Ground water monitoring requirements have been established in accordance with Chapter 62-520, F.A.C.

7. PERMIT SCHEDULES

A schedule to build a well disposal system is included in the permit

8. BEST MANAGEMENT PRACTICES/STORMWATER POLLUTION PREVENTION PLANS

This permit is not accompanied by a BMP.

9. ADMINISTRATIVE ORDERS (AO) AND CONSENT ORDERS (CO)

This permit is not accompanied by an AO and has not entered into a CO with the Department.

10. REQUESTED VARIANCES OR ALTERNATIVES TO REQUIRED STANDARDS

No variances were requested for this facility.

11. THE ADMINISTRATIVE RECORD

The administrative record including application, draft permit, fact sheet, public notice (after release), comments received and additional information is available for public inspection during normal business hours at the location specified in item 12. Copies will be provided at a minimal charge per page.

12. DEP CONTACT

Additional information concerning the permit may be obtained during normal business hours from:

Nolin Moon
Engineer III
South District Office

2295 Victoria Ave Suite 364
Ft. Myers, FL 33901-3881

Telephone No.: (239) 332-6975 ext. 130

GROUNDWATER MONITORING REPORT - PART D

Facility Name: Useppa Island Reverse Osmosis Concentrate Disposal Facility
 Permit Number: FLA146102-003-IW5C
 County: Lee
 Office: South District

Monitoring Well ID: MWI-52184
 Well Type: Intermediate
 Description: US-1 Down gradient IW Well
 Re-submitted DMR: ☐

Report: Semi-annually
 Program: Industrial

Monitoring Period From: _____ To: _____ Date Sample Obtained: _____

Time Sample Obtained: _____

Was the well purged before sampling? ____ Yes ____ No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	ft	In Situ	Semi-annually				
Nitrogen, Nitrate, Total (as N)	00620		Report	mg/L	Grab	Semi-annually				
Nitrogen, Nitrite, Total (as N)	00615		Report	mg/L	Grab	Semi-annually				
Solids, Total Dissolved (TDS)	70295		Report	mg/L	Grab	Semi-annually				
Arsenic, Total Recoverable	00978		Report	ug/L	Grab	Semi-annually				
Chloride (as Cl)	00940		Report	mg/L	Grab	Semi-annually				
Coliform, Total	74056		Report	#/100mL	Grab	Semi-annually				
pH	00400		Report	s.u.	In Situ	Semi-annually				
Sulfate, Total	00945		Report	mg/L	Grab	Semi-annually				
Combined Radium 226 & 228	11503		Report	pCi/L	Grab	Semi-annually				
Alpha, Gross Particle Activity	80045		Report	pCi/L	Grab	Semi-annually				
Turbidity	00070		Report	NTU	Grab	Semi-annually				
Specific Conductance	00095		Report	umhos/cm	In Situ	Semi-annually				
Temperature (C), Water	00010		Report	Deg C	In Situ	Semi-annually				
Oxygen, Dissolved (DO)	00300		Report	mg/L	In Situ	Semi-annually				

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)

COMMENTS AND EXPLANATION (Reference all attachments here):

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:

- Results greater than or equal to the PQL shall be reported as the measured quantity.
- 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.
- 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 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.



Florida Department of Environmental Protection

South District
P.O. Box 2549
Fort Myers, FL 33902-2549

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Mimi A. Drew
Secretary

STATE OF FLORIDA DOMESTIC WASTEWATER FACILITY PERMIT

PERMITTEE:

Useppa Island Utility Company

RESPONSIBLE OFFICIAL:

Timothy Fitzsimmons, President
P.O. Box 640
Bokeelia, Florida 33922
(239) 283-1061

PERMIT NUMBER:

FLA014494-004

FILE NUMBER:

FLA014494-004-DW3P

ISSUANCE DATE:

September 15, 2010

EXPIRATION DATE:

September 14, 2015

FACILITY:

Useppa Island WWTP
Useppa Island, FL
Lee County

Latitude: 26°39' 43.66" N Longitude: 82°12' 43.77" 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:

Operate an existing private design capacity 0.045 million gallons per day (MGD) three month average daily flow (TMADF) extended aeration domestic waste wastewater treatment plant (WWTP) consisting of: three 5,000 gallon surge tanks with an independent air blower system, four 10,000 gallon aeration basins, dual blower-motor assemblies, two 7,000 gallon clarifiers, two sludge digestion basins, two sand filters, two 1,125 gallon chlorine contact chambers, an effluent pump station, an effluent flow meter and a covered sludge drying bed. Disinfection is provided by liquid chlorine. **Please note the overall permitted capacity is 0.020 MGD, maximum monthly average daily flow (MMADF) based upon the disposal capacity of the rapid infiltration basin system R-001. A limited zone of discharge is 24 feet as measured from the inside wetted edge of the Southernmost percolation pond to the groundwater monitor well UI-2, (MWC-34080).**

REUSE OR DISPOSAL:

Land Application R-001: An existing 0.020 MGD monthly average daily flow permitted capacity rapid infiltration basin system. R-001 is a reuse system which consists of 2 (85 x 100 feet) percolation ponds. R-001 is located approximately at latitude 26°39' 30" N, longitude 82°12' 45" 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 17 of this permit.

PERMITTEE: Useppa Island Utility Company
FACILITY: Useppa Island WWTP

PERMIT NUMBER: FLA014494
PA FILE NUMBER: FLA014494-004-DW3P

I. RECLAIMED WATER AND EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

A. Reuse and Land Application Systems

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

Parameter	Units	Max/Min	Reclaimed Water Limitations		Monitoring Requirements			Notes
			Limit	Statistical Basis	Frequency of Monitoring	Sample Type	Monitoring Site Number	
Flow	MGD	Max	0.020	Monthly Average	Monthly	Meter	FLW-01	See I.A.3
Flow	MGD	Max	Report	Annual Average	Annually	Meter	FLW-01	
Flow	MGD	Max	Report	Quarterly Average	Quarterly	Meter	FLW-01	
Percent Capacity, (TMADF/Permitted Capacity) x 100	percent	Max	Report	Monthly Average	Monthly	Calculated	CAL-01	
BOD, Carbonaceous 5 day, 20C	mg/L	Max	20.0	Annual Average	Annually	Grab	EFF-1	
BOD, Carbonaceous 5 day, 20C	mg/L	Max	30.0	Monthly Average	Monthly	Grab	EFF-1	
BOD, Carbonaceous 5 day, 20C	mg/L	Max	45.0	Weekly Average	Weekly	Grab	EFF-1	
BOD, Carbonaceous 5 day, 20C	mg/L	Max	60.0	Single Sample	Monthly	Grab	EFF-1	
Solids, Total Suspended	mg/L	Max	5.0	Single Sample	3 Days/Week	Grab	EFF-1	
pH	s.u.	Min	6.0	Single Sample	5 Days/Week	Grab	EFF-1	
pH	s.u.	Max	8.5	Single Sample	5 Days/Week	Grab	EFF-1	
Coliform, Fecal	#/100mL	Max	25	Monthly Geometric Mean	3 Days/Week	Grab	EFF-1	See I.A.4
Nitrogen, Nitrate, Total (as N)	mg/L	Max	12.0	Single Sample	Bi-weekly; every 2 weeks	Grab	EFF-1	
Chlorine, Total Residual	mg/L	Min	1.0	Single Sample	5 Days/Week	Grab	EFF-1	

PERMITTEE: Useppa Island Utility Company
FACILITY: Useppa Island WWTP

PERMIT NUMBER: FLA014494
PA FILE NUMBER: FLA014494-004-DW3P

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-01	In line flow meter located on the discharge line of the effluent pump station.
CAL-01	Calculated percent of flow. Percent capacity (TMADF/Permitted Capacity) x 100.
EFF-1	After CCC, at the effluent pump station prior to discharge to the percolation ponds.

3. A meter 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)]

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B. Other Limitations and Monitoring and Reporting Requirements

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

Parameter	Units	Max/Min	Limitations		Monitoring Requirements			Notes
			Limit	Statistical Basis	Frequency of Analysis	Sample Type	Monitoring Site Number	
BOD, Carbonaceous 5 day, 20C (Influent)	mg/L	Max	Report	Single Sample	Monthly	Grab	INF-1	See I.B.3
Solids, Total Suspended (Influent)	mg/L	Max	Report	Single Sample	Monthly	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
INF-1	At the influent pipe before entering the surge tank.

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. Meter shall be utilized to measure flow and calibrated at least annually. [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. [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)]
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 South 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)]

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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

Operational Requirements

1. All piezometers and monitoring wells not part of the approved ground water monitoring plan are to be plugged and abandoned in accordance with Rule 62-532.500(4), F.A.C., unless future use is intended. [62-532.500(4)]
2. For the Part IV land application system(s), all ground water quality criteria specified in Chapter 62-520, F.A.C., shall be met at the edge of the zone of discharge. The zone of discharge for Land Application Site R-001 shall extend horizontally 24 feet from the wetted edge of the percolation ponds and vertically to the base of the shallow water aquifer. **The zone of discharge for Application Site R-001 is limited to the distance measured from the wetted edge of the southernmost percolation pond to monitor well UI-2 (MWC-34080).** [62-520.200(27)] [62-520.465]
3. During the period of operation authorized by this permit, the permittee shall continue to sample ground water at the monitoring wells identified in Permit Condition III.4., below in accordance with this permit and the approved ground water monitoring plan prepared in accordance with Rule 62-520.600, F.A.C. [62-520.600] [62-610.510]
4. The following monitoring well shall be sampled for Reuse System R-001.

Monitoring Well ID	Alternate Well Name and/or Description of Monitoring Location	Depth (Feet)	Aquifer Monitored	New or Existing
MWB-34079	UI-1 Background Well along island ridge.	15	Surficial	Existing
MWC-34080	UI-2 Compliance Well for Perc Pond #2	12	Surficial	Existing

MWB = Background; MWC = Compliance; [62-520.600] [62-610.510]

5. The following parameters shall be analyzed for each monitoring well identified in Permit Condition III.4.

Parameter	Compliance Well Limit	Units	Sample Type	Monitoring Frequency
Water Level Relative to NGVD	Report	ft	In Situ	Semiannually
Nitrogen, Nitrate, Total (as N)	10	mg/L	Grab	Semiannually
Solids, Total Dissolved (TDS)	500	mg/L	Grab	Semiannually
Arsenic, Total Recoverable	10	ug/L	Grab	Semiannually

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Parameter	Compliance Well Limit	Units	Sample Type	Monitoring Frequency
Chloride (as Cl)	250	mg/L	Grab	Semiannually
Cadmium, Total Recoverable	5	ug/L	Grab	Semiannually
Chromium, Total Recoverable	100	ug/L	Grab	Semiannually
Lead, Total Recoverable	15	ug/L	Grab	Semiannually
Coliform, Fecal	0	#/100mL	Grab	Semiannually
Coliform, Total	4	#/100mL	Grab	Semiannually
pH	6.5-8.5	s.u.	In Situ	Semiannually
Sulfate, Total	250	mg/L	Grab	Semiannually
Turbidity	Report	NTU	Grab	Semiannually
Specific Conductance	Report	umhos/cm	In Situ	Semiannually
Temperature (C), Water ✓	Report	Deg C	In Situ	Semiannually
Oxygen, Dissolved (DO)	Report	mg/L	In Situ	Semiannually

[62-520.600(11)(b)] [62-601.300(3), 62-601.700, and Figure 3 of 62-601] [62-601.300(6)] [62-520.310(5)]

6. Water levels shall be recorded before evacuating each well for sample collection. Elevation references shall include the top of the well casing and land surface at each well site (NAVD allowable) at a precision of plus or minus 0.01 foot. [62-520.600(11)(c)] [62-610.510(3)(b)]
7. Ground water monitoring wells shall be purged prior to sampling to obtain representative samples. [62-160.210] [62-601.700(5)]
8. Analyses shall be conducted on unfiltered samples, unless filtered samples have been approved by the Department's South District Office as being more representative of ground water conditions. [62-520.310(5)]
9. Ground water monitoring test results shall be submitted on Part D of Form 62-620.910(10) in accordance with Permit Condition I.B.7. [62-520.600(11)(b)] [62-601.300(3), 62-601.700, and Figure 3 of 62-601] [62-620.610(18)]
10. If any monitoring well becomes damaged or inoperable, the permittee shall notify the Department's South District Office immediately and a detailed written report shall follow within seven days. The written report shall detail what problem has occurred and remedial measures that have been taken to prevent recurrence. All monitoring well design and replacement shall be approved by the Department's South District Office prior to installation. [62-520.600] [62-620.320(6)]

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 annual average hydraulic loading rate to the 2 percolation ponds shall be limited to a maximum of 3 inches per day (as applied to the entire bottom area). [62-610.523(3)]

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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)]
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 an 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 for a minimum of one half hour per day for 5 days per week and 1 weekend visit. The lead operator must be a C, or higher.

[62-620.630(3)] [62-699.310] [62-610.462]

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. An updated capacity analysis report shall be submitted to the Department annually by September 29 of each year. The updated capacity analysis report shall be 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 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;

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- 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 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. As stated in correspondence from David W. Schmitt, P.E. with M Grady Minor, the following improvement actions shall be completed according to the following schedule:

Improvement Action	Completion Date
1. Replace sand filter media	October 29, 2010
2. Determine if the sand filter media replacement corrective actions can/cannot provide adequate treatment	April 28, 2011
3. Maintain a grease trap interceptor record posted in the kitchen	

[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]

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VIII. OTHER SPECIFIC CONDITIONS

1. 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)]*
2. 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)]*
3. Collection/transmission system overflows shall be reported to the Department in accordance with Permit Condition IX. 20. *[62-604.550] [62-620.610(20)]*
4. 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
 - 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)]*
5. 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)]*
6. 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)]*
7. 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)]*

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8. The permittee shall provide verbal notice to the Department's South 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 South District Office in a written report within 7 days of the sinkhole discovery. [62-620.320(6)]
9. 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 deviation 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)]
3. As provided in subsection 403.087(7), 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

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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)]
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

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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.
 - 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.

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- 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 South 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;
 - (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.

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- (2) Oral reports, not otherwise required to be provided pursuant to subparagraph b.1 above, shall be provided to the Department's South 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 South 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.

PERMITTEE: Useppa Island Utility Company
FACILITY: Useppa Island WWTP

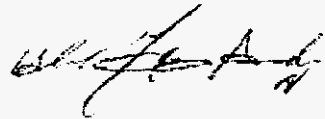
PERMIT NUMBER: FLA014494
PA FILE NUMBER: FLA014494-004-DW3P

- (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.
- 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 Fort Myers Florida

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION



for

Jon M. Iglehart
Director of
District Management

DATE: September 15, 2010

JMI/BJS/jl



MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

Item # 3

I. General Information for the Month/Year of: January 2010

A. Public Water System (PWS) Information

PWS Name: Useppa Utility Company		PWS Identification Number: 5360299	
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month: 151		Total Population Served at End of Month: 200	
PWS Owner: Garfield Beckstead			
Contact Person: Eric Glidden		Contact Person's Title: Utility Manager	
Contact Person's Mailing Address: P.O. Box 640		City: Bokeelia	State: Florida Zip Code: 33922
Contact Person's Telephone Number: 239-283-6078		Contact Person's Fax Number: 239-283-6079	
Contact Person's E-Mail Address: ericglidden@useppa.com			

B. Water Treatment Plant Information

Plant Name: Useppa Utility Company		Plant Telephone Number: 239-283-6078		
Plant Address: P.O. Box 640/ 8115 Main Street		City: Bokeelia	State: Florida Zip Code: 33922	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 56,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): II		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Eric Glidden	C	0012872	Monday-Saturday Day Shift
Other Operators:	Dan Beatty	B	0008206	Sunday Day Shift
		A		

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Eric Glidden 2/2/10
Signature and Date

Eric Glidden 0012872
Printed or Typed Name

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 5360299

Plant Name: Useppa Utility Company

III. Daily Data for the Month Year **January 2010**

Means of Achieving Four-Log Virus Inactivation/Removal: * ☒ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations						UV Dose				
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	22	54,916						7.90				3.30	
2	18	42,966						7.90				2.60	
3	0	337						7.70				2.00	
4	0	0						7.70				1.90	
5	23	56,572						7.70				1.80	
6	7	17,868						7.60				2.40	
7	0	0						7.70				1.40	
8	29	71,409						7.50				1.00	
9	0	0						7.60				1.20	
10	21	51,188						7.50				1.40	
11	19	44,723						7.60				1.50	
12	0	0						7.80				1.90	
13	21	49,986						7.60				1.30	
14	24	58,406						7.60				1.10	
15	8	18,297						7.90				2.20	
16	30	72,103						7.80				2.20	
17	0	229						7.20				2.20	
18	0	0						7.30				2.00	
19	32	78,471						7.30				1.80	
20	21	52,455						7.20				1.00	
21	20	48,764						7.70				1.60	
22	30	73,920						8.10				1.70	
23	0	0						7.30				0.30	
24	0	0						7.90				2.20	
25	20	49,590						8.10				3.40	
26	6	14,498						8.20				3.20	
27	5	11,142						8.20				3.50	
28	24	57,462						7.80				2.00	
29	0	0						8.40				3.50	
30	26	62,889						7.60				3.40	
31	0	60						8.10				1.90	

Total 988,271

Average 31,880

Maximum 78,471 - 32 hrs

* Refer to the instructions for this report to determine which plants must provide this information.



MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month/Year of: February 2010

A. Public Water System (PWS) Information


PWS Name: Useppa Utility Company		PWS Identification Number: 5360299	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 151		Total Population Served at End of Month: 200	
PWS Owner: Garfield Beckstead			
Contact Person: Eric Glidden		Contact Person's Title: Utility Manager	
Contact Person's Mailing Address: P.O. Box 640		City: Bokeelia	State: Florida Zip Code: 33922
Contact Person's Telephone Number: 239-283-6078		Contact Person's Fax Number: 239-283-6079	
Contact Person's E-Mail Address: ericglidden@useppa.com			

B. Water Treatment Plant Information

Plant Name: Useppa Utility Company		Plant Telephone Number: 239-283-6078		
Plant Address: P.O. Box 640/ 8115 Main Street		City: Bokeelia	State: Florida Zip Code: 33922	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 56,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): II		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Eric Glidden	C	0012872	Monday-Saturday Day Shift
Other Operators:	Dan Beatty	B	0008206	Sunday Day Shift
		A		

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

 3/2/10
Signature and Date

Eric Glidden

Printed or Typed Name

0012872

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 5360299

Plant Name: Useppa Utility Company

III. Daily Data for the Month/Year February 2010

Means of Achieving Four-Log Virus Inactivation/Removal: * ☒ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose				
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²			
1	0	0						7.80				2.00		
2	23	55,235						7.80				1.60		
3	8	18,328						7.70				1.40		
4	7	16,522						7.60				1.30		
5	21	47,989						7.60				1.40		
6	13	29,636						7.70				1.70		
7	10	22,312						7.80				1.60		
8	10	22,259						7.80				1.60		
9	19	43,997						7.80				1.50		
10	8	18,385						7.60				1.70		
11	8	19,483						7.80				1.20		
12	16	38,454						7.50				1.60		
13	16	37,369						7.70				1.90		
14	16	37,369											Operator stuck in traffic Matlacha. Could not get to plant	
15	13	30,995						7.90				2.30		
16	24	55,235						8.10				2.50		
17	15	34,458						7.80				1.70		
18	30	77,701						7.60				2.00		
19	21	54,463						7.70				1.90		
20	0	190										2.00		
21	21	50,298						7.60				1.20		
22	14	33,120						7.50				1.40		
23	17	40,506						7.50				1.60		
24	6	12,507						7.70				1.70		
25	21	51,875						7.60				1.40		
26	25	60,009						7.80				1.30		
27	31	75,572						7.70				1.30		
28	0	154						7.80				1.30		
29														
30														
31														

Total 984,454

Average 35,159

Maximum 77,701

30.37 hrs

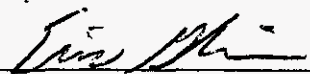
* Refer to the instructions for this report to determine which plants must provide this information.



MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month/Year of: March 2010				
A. Public Water System (PWS) Information				
PWS Name: Useppa Utility Company			PWS Identification Number: 5360299	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive				
Number of Service Connections at End of Month: 151			Total Population Served at End of Month: 200	
PWS Owner: Garfield Beckstead				
Contact Person: Eric Glidden			Contact Person's Title: Utility Manager	
Contact Person's Mailing Address: P.O. Box 640			City: Bokeelia	State: Florida Zip Code: 33922
Contact Person's Telephone Number: 239-283-6078			Contact Person's Fax Number: 239-283-6079	
Contact Person's E-Mail Address: ericglidden@useppa.com				
B. Water Treatment Plant Information				
Plant Name: Useppa Utility Company			Plant Telephone Number: 239-283-6078	
Plant Address: P.O. Box 640/ 8115 Main Street			City: Bokeelia	State: Florida Zip Code: 33922
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 56,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): II			Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Eric Glidden	C	0012872	Monday-Saturday Day Shift
Other Operators:	Dan Beatty	B	0008206	Sunday Day Shift
		A		

II. Certification by Lead/Chief Operator		
I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.		
 Signature and Date	4/6/10 Eric Glidden Printed or Typed Name	0012872

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 5360299

Plant Name: Useppa Utility Company

III. Daily Data for the Month/Year March 2010

Means of Achieving Four-Log Virus Inactivation/Removal: * ☒ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations						UV Dose				
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	21	50,618						7.70				1.20	
2	7	15,808						7.40				1.00	
3	24	58,831						7.00				0.70	
4	23	56,260						7.40				2.80	
5	24	58,522						7.50				1.80	
6	28	68,029						8.00				2.10	
7	0	0						8.00				1.60	
8	0	0						7.80				1.20	
9	24	57,070						7.60				0.90	
10	24	57,761						7.40				1.20	
11	12	26,249						7.30				0.70	
12	27	59,738						8.20				3.50	
13	10	21,769						7.80				2.10	
14	8	19,561						7.80				2.00	
15	13	28,093						7.60				1.40	
16	25	61,611						7.60				1.20	
17	16	38,917						7.50				1.00	
18	0	1						7.50				1.10	
19	24	57,549						7.30				0.80	
20	24	58,668						7.50				0.70	
21	0	0						7.20				0.50	
22	21	51,661						8.20				3.50	
23	6	14,060						8.30				2.60	
24	16	36,205						8.00				2.80	
25	24	58,563						8.10				2.40	
26	6	15,830						7.70				1.60	
27	24	58,822						7.50				1.40	
28	0	0						7.90				1.60	
29	6	14,380						7.60				1.00	
30	23	55,902						7.20				0.80	
31	24	57,441						7.40				1.30	

Total 1,152,919
 Average 37,352
 Maximum 68,029

* 28 hrs Run Time

* Refer to the instructions for this report to determine which plants must provide this information.



MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month Year of: April 2010

A. Public Water System (PWS) Information

PWS Name: Useppa Utility Company		PWS Identification Number: 5360299	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 151		Total Population Served at End of Month: 200	
PWS Owner: Garfield Beckstead			
Contact Person: Eric Glidden		Contact Person's Title: Utility Manager	
Contact Person's Mailing Address: P.O. Box 640		City: Bokeelia	State: Florida Zip Code: 33922
Contact Person's Telephone Number: 239-283-6078		Contact Person's Fax Number: 239-283-6079	
Contact Person's E-Mail Address: ericglidden@useppa.com			

B. Water Treatment Plant Information

Plant Name: Useppa Utility Company		Plant Telephone Number: 239-283-6078		
Plant Address: P.O. Box 640/ 8115 Main Street		City: Bokeelia	State: Florida Zip Code: 33922	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 56,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): II		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Eric Glidden	C	0012872	Monday-Saturday Day Shift
Other Operators:	Dan Beatty	B	0008206	Sunday Day Shift
		A		

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.


Signature and Date

Eric Glidden
Printed or Typed Name

0012872

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 5360299

Plant Name: Useppa Utility Company

III. Daily Data for the Month Year: **April 2010**

Means of Achieving Four-Log Virus Inactivation/Removal: * ☒ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)

☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose				
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	23	57,094						7.60				1.10		
2	21	50,849						7.40				1.00		
3	23	55,651						7.80				1.40		
4	17	42,184						8.30				2.10		
5	0	0						7.90				1.70		
6	24	60,411						7.70				1.20		
7	25	59,116						7.60				1.10		
8	23	57,050						7.50				1.10		
9	24	58,064						7.60				1.30		
10	24	58,212						7.50				0.70		
11	0	0						7.60				1.20		
12	23	56,962						7.70				1.10		
13	0	40						7.80				2.10		
14	23	52,214						7.80				2.20		
15	24	54,804						7.90				2.70		
16	20	46,232						7.80				2.40		
17	15	34,314						8.00				2.40		
18	11	24,810						7.40				2.20		
19	8	17,917						7.70				1.70		
20	17	38,132						7.70				1.40		
21	9	19,120						7.80				1.10		
22	14	32,060						7.30				0.90		
23	22	48,644						7.40				0.80		
24	17	36,514						7.50				1.00		
25	11	24,530						7.60				1.30		
26	9	20,109						7.60				1.40		
27	15	31,989						7.50				1.30		
28	25	59,074						7.70				1.70		
29	0	0						7.60				1.40		
30	32	77,539						7.70				1.40		
31														

Total 1,173,635

Average 39,121

Maximum 77,539

* 32 hrs

* Refer to the instructions for this report to determine which plants must provide this information.



MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month/Year of: May 2010

A. Public Water System (PWS) Information

PWS Name: Useppa Utility Company		PWS Identification Number: 5360299		
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: 151		Total Population Served at End of Month: 200		
PWS Owner: Garfield Beckstead				
Contact Person: Eric Glidden		Contact Person's Title: Utility Manager		
Contact Person's Mailing Address: P.O. Box 640		City: Bokeelia	State: Florida	Zip Code: 33922
Contact Person's Telephone Number: 239-283-6078		Contact Person's Fax Number: 239-283-6079		
Contact Person's E-Mail Address: ericglidden@useppa.com				

B. Water Treatment Plant Information

Plant Name: Useppa Utility Company		Plant Telephone Number: 239-283-6078		
Plant Address: P.O. Box 640/ 8115 Main Street		City: Bokeelia	State: Florida	Zip Code: 33922
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 56,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): II		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Eric Glidden	C	0012872	Monday-Saturday Day Shift
Other Operators:	Dan Beatty	B	0008206	Sunday Day Shift
		A		

II. Certification by Lead Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Eric Glidden 6/2/10
Signature and Date

Eric Glidden

Printed or Typed Name

0012872

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 5360299

Plant Name: Useppa Utility Company

III. Daily Data for the Month Year: **May 2010**

Means of Achieving Four-Log Virus Inactivation/Removal: * ☒ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)

☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Type of Disinfectant Residual Maintained in Distribution System													
Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										
			CT Calculations							UV Dose		Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	0	0						7.40				1.70	
2	16	37,788						7.60				1.00	
3	26	61,538						7.50				1.10	
4	6	14,727						7.50				1.40	
5	26	62,485						7.40				1.20	
6	27	65,106						7.60				1.80	
7	0	0						7.40				1.10	
8	26	62,939						7.70				2.10	
9	16	38,534						7.30				2.20	
10	29	69,360						7.80				1.80	
11	24	58,625						7.50				1.40	
12	16	36,578						7.40				1.10	
13	18	42,746						7.20				0.40	Stennor tube broken, replaced
14	23	54,016						7.80				2.40	
15	32	73,574						7.60				2.60	
16	22	50,297						7.50				0.90	
17	24	56,099						7.10				0.80	
18	13	29,591						7.60				1.60	
19	25	59,121						7.60				1.70	
20	22	53,316						7.60				1.70	Samples
21	25	59,538						7.50				2.00	
22	23	54,636						7.60				1.70	
23	21	50,219						7.60				1.00	
24	18	42,447						7.60				1.20	
25	21	49,618						7.60				1.30	
26	24	55,586						7.50				1.10	
27	24	55,652						7.80				0.90	
28	29	65,139						7.60				1.30	
29	27	61,576						7.50				1.40	
30	16	36,751						7.90					Cl2 meter malfunction, cl2 present
31	24	54,808						7.70				1.90	
Total		1,512,400											
Average		48,787											
Maximum		73,574	+ 32 hrs										

* 32 hrs

* Refer to the instructions for this report to determine which plants must provide this information.



MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month Year of: June 2010

A. Public Water System (PWS) Information

PWS Name: Useppa Utility Company		PWS Identification Number: 5360299		
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: 151		Total Population Served at End of Month: 200		
PWS Owner: Garfield Beckstead				
Contact Person: Eric Glidden		Contact Person's Title: Utility Manager		
Contact Person's Mailing Address: P.O. Box 640		City: Bokeelia	State: Florida Zip Code: 33922	
Contact Person's Telephone Number: 239-283-6078		Contact Person's Fax Number: 239-283-6079		
Contact Person's E-Mail Address: ericglidden@useppa.com				

B. Water Treatment Plant Information

Plant Name: Useppa Utility Company		Plant Telephone Number: 239-283-6078		
Plant Address: P.O. Box 640/ 8115 Main Street		City: Bokeelia	State: Florida Zip Code: 33922	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 56,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): II		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Eric Glidden	C	0012872	Monday-Saturday Day Shift
Other Operators:	Dan Beatty	B	0008206	Sunday Day Shift
		A		

II. Certification by Lead Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

 7/7/10
Signature and Date

Eric Glidden
Printed or Typed Name

0012872

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 5360299

Plant Name: Useppa Utility Company

III. Daily Data for the Month/Year **June 2010**

Means of Achieving Four-Log Virus Inactivation/Removal: * ☒ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
			CT Calculations						UV Dose					
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²			
1	29	64,940						7.50				1.30		
2	22	50,683						7.80				1.30		
3	21	49,602						7.50				1.00		
4	24	56,270						7.70				1.60		
5	30	69,655						7.40				1.90		
6	2	3,638						7.70				1.60		
7	24	57,088						7.70				1.30		
8	32	75,762						7.50				1.20		
9	16	37,704						7.50				1.30		
10	25	59,264						7.60				1.30		
11	22	53,532						7.40				1.40		
12	30	72,420						7.70				1.50		
13	15	36,115						7.60				1.40		
14	13	29,815						7.60				1.40		
15	25	60,763						7.40				1.00		
16	19	45,790						7.40				0.60		
17	31	74,896						7.40				1.00		
18	23	54,055						7.40				1.60		
19	26	60,901						7.60				1.80		
20	0	269						7.30				1.50		
21	30	70,836						7.40				1.50		
22	23	54,671						7.40				1.60		
23	23	53,581						7.70				1.80		
24	18	43,339						7.90				1.90		
25	32	72,650						7.40				1.80		
26	23	52,344						7.70				1.70		
27	14	32,202						7.40				1.70		
28	16	35,836						7.50				1.70		
29	17	37,587						7.70				1.80		
30	24	52,883						7.50				1.90		
31														
Total		1,519,091												
Average		50,636												
Maximum		75,762												

to 32 hrs

* Refer to the instructions for this report to determine which plants must provide this information.



MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month Year of: July 2010				
A. Public Water System (PWS) Information				
PWS Name: Useppa Utility Company			PWS Identification Number: 5360299	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive				
Number of Service Connections at End of Month: 151			Total Population Served at End of Month: 200	
PWS Owner: Garfield Beckstead				
Contact Person: Eric Glidden			Contact Person's Title: Utility Manager	
Contact Person's Mailing Address: P.O. Box 640			City: Bokeelia	State: Florida Zip Code: 33922
Contact Person's Telephone Number: 239-283-6078			Contact Person's Fax Number: 239-283-6079	
Contact Person's E-Mail Address: ericglidden@useppa.com				
B. Water Treatment Plant Information				
Plant Name: Useppa Utility Company			Plant Telephone Number: 239-283-6078	
Plant Address: P.O. Box 640/ 8115 Main Street			City: Bokeelia	State: Florida Zip Code: 33922
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 56,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): II			Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Eric Glidden	C	0012872	Monday-Saturday Day Shift
Other Operators:	Dan Beatty	B	0008206	Sunday Day Shift
		A		

II. Certification by Lead Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Eric Glidden 8/2/10
Signature and Date

Eric Glidden
Printed or Typed Name

0012872

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 5360299

Plant Name: Useppa Utility Company

III. Daily Data for the Month Year **July 2010**

Means of Achieving Four-Log Virus Inactivation/Removal: * ☒ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)

☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations						UV Dose				
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer Point During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	8	18,674						7.70				1.50	
2	24	53,545						7.70				1.80	
3	25	56,056						7.50				2.40	
4	10	22,743						7.50				2.90	
5	32	69,319						7.70				3.00	
6	9	18,866						7.90				3.00	
7	6	14,073						7.30				1.40	
8	11	24,436						7.80				2.70	
9	12	27,295						7.70				2.20	
10	14	31,151						7.40				1.80	
11	11	23,551						7.60				2.00	
12	8	17,693						7.60				1.70	
13	9	21,656						7.70				1.40	
14	16	39,370						7.60				0.90	
15	1	1,256						7.40				0.70	
16	25	61,589						7.50				0.60	
17	6	15,824						7.40				1.20	
18	18	44,517						7.40				0.60	
19	22	53,111						7.50				0.80	
20	7	18,232						7.60				0.90	
21	24	57,364						7.50				0.50	
22	24	58,851						7.60				2.00	
23	18	43,943						7.60				2.70	
24	5	12,940						7.60				2.10	
25	16	39,942						7.60				1.70	
26	6	15,495						7.50				1.10	
27	24	57,948						7.60				0.80	
28	16	37,710						7.60				0.70	
29	0	0						7.60				1.50	
30	23	55,544						7.70				1.10	
31	32	76,411						7.40				0.40	Cl2 tube broken, repaired all ok

Total 1,089,305

Average 35,139

Maximum 76,411

* 32 hrs run time

* Refer to the instructions for this report to determine which plants must provide this information.



MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month Year of: August 2010				
A. Public Water System (PWS) Information				
PWS Name: Useppa Utility Company			PWS Identification Number: 5360299	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive				
Number of Service Connections at End of Month: 151			Total Population Served at End of Month: 200	
PWS Owner: Garfield Beckstead				
Contact Person: Eric Glidden			Contact Person's Title: Utility Manager	
Contact Person's Mailing Address: P.O. Box 640			City: Bokeelia	State: Florida Zip Code: 33922
Contact Person's Telephone Number: 239-283-6078			Contact Person's Fax Number: 239-283-6079	
Contact Person's E-Mail Address: ericglidden@useppa.com				
B. Water Treatment Plant Information				
Plant Name: Useppa Utility Company			Plant Telephone Number: 239-283-6078	
Plant Address: P.O. Box 640/ 8115 Main Street			City: Bokeelia	State: Florida Zip Code: 33922
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 56,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): II			Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Eric Glidden	C	0012872	Monday-Saturday Day Shift
Other Operators:	Dan Beatty	B	0008206	Sunday Day Shift
		A		

II. Certification by Lead Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

 9/11/10	Eric Glidden	0012872
Signature and Date	Printed or Typed Name	

Revised Page
2

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 5360299

Plant Name: Useppa Utility Company

III. Daily Data for the Month Year **August 2010**

Means of Achieving Four-Log Virus Inactivation/Removal: * ☒ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations						UV Dose				
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	0	170						7.50				1.00	
2	15	33,736						7.70				1.30	
3	12	28,213						7.60				1.60	
4	19	40,233						7.90				2.00	
5	15	32,528						8.00				2.20	
6	26	61,669						7.90				2.20	
7	24	57,678						7.90				3.50	
8	8	19,457						7.60				1.90	
9	20	47,939						7.60				1.90	
10	24	57,441						7.70				1.80	
11	21	50,504						7.30				1.80	
12	13	30,439						7.50				0.90	
13	10	24,752						7.70				1.00	
14	10	24,670						7.70				0.80	
15	10	23,247						7.40				2.90	
16	7	15,785						7.60				1.40	
17	9	22,552						7.60				1.40	
18	11	26,609						7.50				1.30	
19	17	41,462						7.60				1.30	
20	22	51,736						7.70				1.30	
21	9	22,302						7.60				0.90	
22	9	22,012						7.50				1.20	
23	13	28,369						7.50				1.10	
24	13	29,801						7.70				1.00	
25	5	13,997						7.60				1.40	
26	8	21,659						7.70				1.30	
27	23	58,152						7.60				0.90	
28	0	99						7.70				0.70	
29	0	0						7.30				0.60	
30	26	62,294						7.50				0.50	
31	4	20,687	10506					7.40				1.00	

Total 960,011
 Average 30,968
 Maximum 62,294

* 26 hours

← Revised.

* Refer to the instructions for this report to determine which plants must provide this information.



MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month Year of: September 2010

A. Public Water System (PWS) Information


PWS Name: Useppa Utility Company		PWS Identification Number: 5360299	
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month: 151		Total Population Served at End of Month: 200	
PWS Owner: Garfield Beckstead			
Contact Person: Eric Glidden		Contact Person's Title: Utility Manager	
Contact Person's Mailing Address: P.O. Box 640		City: Bokeelia	State: Florida Zip Code: 33922
Contact Person's Telephone Number: 239-283-6078		Contact Person's Fax Number: 239-283-6079	
Contact Person's E-Mail Address: ericglidden@useppa.com			

B. Water Treatment Plant Information

Plant Name: Useppa Utility Company		Plant Telephone Number: 239-283-6078		
Plant Address: P.O. Box 640/ 8115 Main Street		City: Bokeelia	State: Florida Zip Code: 33922	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 56,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): II		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Eric Glidden	C	0012872	Monday-Saturday Day Shift
Other Operators:	Dan Beatty	B	0008206	Sunday Day Shift

II. Certification by Lead Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

 10/5/10
Signature and Date

Eric Glidden
Printed or Typed Name

0012872

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 5360299

Plant Name: Useppa Utility Company

III. Daily Data for the Month Year **September 2010**

Means of Achieving Four-Log Virus Inactivation/Removal: * ☒ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)

☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Type of Disinfectant Residual Maintained in Distribution System													
Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										
			CT Calculations							UV Dose		Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	0	0						7.40				3.30	Degassifier blower broken, ph drop, inceased cl2 feed
2	23	54,595						7.10				2.00	
3	24	58,842						6.90				1.80	
4	7	17,974						6.80				2.30	
5	16	39,045						6.80				2.50	
6	24	57,887						6.90				3.80	
7	22	54,175						6.70				2.50	Degassifier pump broken, repaired all OK
8	0	0						7.00				1.80	
9	15	36,636						6.90				1.50	
10	18	44,447						6.90				1.40	
11	2	3,651						6.90				1.40	
12	0	0						6.90				1.60	
13	25	57,972						6.70				1.40	
14	8	19,084						7.00				1.20	
15	24	52,705						6.90				1.10	
16	22	48,189						6.90				1.70	
17	20	44,113						6.80				0.40	Cl2 feeder broke, Installed new degasifier blower motor
18	20	43,275						7.00				1.20	
19	9	19,588						7.20				0.60	Cl2 feeder broken again, repaired again
20	14	31,001						7.40				0.30	
21	21	51,482						7.60				2.20	
22	15	42,444						7.90				2.70	
23	14	43,183						7.70				2.10	
24	14	34,849						7.70				1.70	
25	15	36,681						7.60				2.10	
26	11	25,873						7.60				1.50	
27	14	32,879						7.50				1.70	
28	20	48,380						7.70				1.50	
29	18	43,177						7.40				1.50	
30	11	26,122						7.70				1.30	
31													
Total		1,052,559											
Average		35,025											
Maximum		58,842											

* Refer to the instructions for this report to determine which plants must provide this information.



MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month Year of: October 2010

A. Public Water System (PWS) Information

PWS Name: Useppa Utility Company		PWS Identification Number: 5360299		
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: 151		Total Population Served at End of Month: 200		
PWS Owner: Garfield Beckstead				
Contact Person: Eric Glidden		Contact Person's Title: Utility Manager		
Contact Person's Mailing Address: P.O. Box 640		City: Bokeelia	State: Florida	Zip Code: 33922
Contact Person's Telephone Number: 239-283-6078		Contact Person's Fax Number: 239-283-6079		
Contact Person's E-Mail Address: ericglidden@useppa.com				

B. Water Treatment Plant Information

Plant Name: Useppa Utility Company		Plant Telephone Number: 239-283-6078		
Plant Address: P.O. Box 640/ 8115 Main Street		City: Bokeelia	State: Florida	Zip Code: 33922
Type of Water Treated by Plant:		<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 56,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): II		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Eric Glidden	C	0012872	Monday-Saturday Day Shift
Other Operators:	Dan Beatty	B	0008206	Sunday Day Shift

II. Certification by Lead Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Eric Glidden
Signature and Date

11/8/10

Eric Glidden

Printed or Typed Name

0012872

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 5360299

Plant Name: Useppa Utility Company

III. Daily Data for the Month Year **October 2010**

Means of Achieving Four-Log Virus Inactivation/Removal: * ☒ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations						UV Dose				
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	18	43,409						7.50				1.40	
2	22	50,976						7.50				1.30	
3	10	23,420						7.30				2.00	
4	14	32,312						7.40				1.30	
5	15	36,620						7.40				0.90	
6	23	55,895						7.70				0.70	
7	6	14,821						7.50				0.80	
8	17	41,857						7.50				0.50	
9	31	73,671						7.50				0.80	
10	0	0						7.30				0.60	
11	24	56,173						7.60				1.00	
12	19	46,293						7.60				0.80	
13	24	58,681						7.70				1.30	
14	10	23,712						7.90				1.10	
15	23	54,390						7.90				1.10	
16	31	75,642						6.90				1.60	
17	0	147						7.20				2.30	
18	23	54,410						7.40				1.50	
19	21	50,241						7.60				1.20	
20	25	59,595						7.70				1.70	
21	22	52,957						7.80				1.50	
22	16	39,040						7.90				1.60	
23	7	16,928						7.80				1.90	
24	24	57,499						7.40				2.50	
25	0	144						7.50				1.80	
26	37	83,453						7.40				1.30	
27	25	57,344						7.70				1.00	
28	11	25,466						7.60				1.40	
29	31	70,358						7.60				0.70	
30	17	37,783						7.40				1.10	
31	11	23,608						7.30				1.10	

Total 1,316,845
 Average 42,479
 Maximum 83,453

* 37 hours plant run time

* Refer to the instructions for this report to determine which plants must provide this information.





MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month/Year of: November 2010

A. Public Water System (PWS) Information

PWS Name: Useppa Utility Company		PWS Identification Number: 5360299	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 151		Total Population Served at End of Month: 200	
PWS Owner: Garfield Beckstead			
Contact Person: Eric Glidden		Contact Person's Title: Utility Manager	
Contact Person's Mailing Address: P.O. Box 640		City: Bokelia	State: Florida Zip Code: 33922
Contact Person's Telephone Number: 239-283-6078		Contact Person's Fax Number: 239-283-6079	
Contact Person's E-Mail Address: ericgli@useppa.com			

B. Water Treatment Plant Information

Plant Name: Useppa Utility Company		Plant Telephone Number: 239-283-6078		
Plant Address: P.O. Box 640/ 8115 Main Street		City: Bokelia	State: Florida Zip Code: 33922	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 56,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): II		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Eric Glidden	C	0012872	Monday-Saturday Day Shift
Other Operators:	Dan Beatty	B	0008206	Sunday Day Shift

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

 12/10/10
Signature and Date

Eric Glidden
Printed or Typed Name

0012872

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 5360299

Plant Name: Useppa Utility Company

III. Daily Data for the Month/Year **November 2010**

Means of Achieving Four-Log Virus Inactivation/Removal: * ☒ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations						UV Dose				
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
1	0	57,333						7.70				1.80	
2	24	57,304						7.80				1.70	
3	24	57,329						7.90				2.30	
4	0	0						7.70				1.90	
5	23	56,149						7.70				1.70	
6	7	17,695						7.80				1.30	
7	0	879						7.70				1.20	
8	24	56,662						7.60				1.00	
9	24	56,672						8.00				2.40	
10	24	57,239						8.10				3.30	
11	17	41,202						7.90				4.00	
12	8	18,868						8.10				3.40	
13	23	55,813						7.60				2.90	
14	24	56,879						8.00				2.80	
15	16	38,555						8.00				1.90	
16	6	15,596						7.90				1.70	
17	24	56,044						7.90				3.30	
18	24	56,612						7.60				1.40	
19	25	58,391						7.60				2.10	
20	5	11,089						7.90				1.40	
21	0	0						7.50				0.60	
22	24	58,321						7.40				0.40	
23	24	58,678						7.90				1.50	
24	24	60,215						7.80				2.60	
25	16	39,705						7.80				2.50	
26	30	73,120						8.00				1.70	
27	10	26,359						7.70				1.90	
28	11	26,655						7.50				1.30	
29	18	45,110						7.60				0.90	
30	20	49,384						7.80				0.60	
31													

Total **1,263,858**
 Average **42,129**
 Maximum **73,120**

* Refer to the instructions for this report to determine which plants must provide this information.



MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month Year of: December 2010				
A. Public Water System (PWS) Information				
PWS Name: Useppa Utility Company			PWS Identification Number: 5360299	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive				
Number of Service Connections at End of Month: 151			Total Population Served at End of Month: 200	
PWS Owner: Garfield Beckstead				
Contact Person: Eric Glidden			Contact Person's Title: Utility Manager	
Contact Person's Mailing Address: P.O. Box 640			City: Bokeelia	State: Florida Zip Code: 33922
Contact Person's Telephone Number: 239-283-6078			Contact Person's Fax Number: 239-283-6079	
Contact Person's E-Mail Address: ericglidden@useppa.com				
B. Water Treatment Plant Information				
Plant Name: Useppa Utility Company			Plant Telephone Number: 239-283-6078	
Plant Address: P.O. Box 640/ 8115 Main Street			City: Bokeelia	State: Florida Zip Code: 33922
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 56,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): II			Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Eric Glidden	C	0012872	Monday-Saturday Day Shift
Other Operators:	Dan Beatty	B	0008206	Sunday Day Shift

II. Certification by Lead Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

	1/6/11	Eric Glidden	0012872
Signature and Date		Printed or Typed Name	

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 5360299

Plant Name: Useppa Utility Company

III. Daily Data for the Month Year: December 2010

Means of Achieving Four-Log Virus Inactivation/Removal: * ☒ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose				
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²			
1	24	57,478						8.20				1.60		
2	18	42,873						7.80				2.10		
3	19	44,988						7.50				2.50		
4	16	38,872						8.00				1.60		
5	15	36,622						7.60				1.40		
6	24	56,840						7.70				1.30		
7	17	39,869						7.60				2.70		
8	23	56,280						7.50				2.00		
9	17	40,739						7.70				2.30		
10	20	47,025						7.80				2.70		
11	21	50,861						7.80				2.40		
12	16	37,549						7.80				1.90		
13	7	17,391						7.60				1.70		
14	16	37,074						7.50				1.80		
15	24	55,873						7.80				1.30		
16	6	13,966						7.40				1.80		
17	24	58,692						7.70				1.50		
18	2	9,589						7.80				1.10		
19	10	24,440						7.70				3.00		
20	24	58,159						8.10				2.70		
21	25	59,497						8.10				2.70		
22	23	54,450						7.70				1.60		
23	13	33,299						7.60				0.80		
24	7	17,518						7.50				0.40		
25	26	64,576						7.70				1.10		
26	14	33,722						8.10				1.70		
27	20	46,789						7.90				1.60		
28	19	45,934						7.90				2.20		
29	25	59,160						7.90				2.50		
30	19	44,742						8.10				2.30		
31	28	65,557						8.10				2.30		
Total		1,350,423												
Average		43,562												
Maximum		65,557	* 28 hrs.											

* 28 hrs.

* Refer to the instructions for this report to determine which plants must provide this information.



MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month Year of: January 2011				
A. Public Water System (PWS) Information				
PWS Name: Useppa Utility Company			PWS Identification Number: 5360299	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive				
Number of Service Connections at End of Month: 151			Total Population Served at End of Month: 200	
PWS Owner: Garfield Beckstead				
Contact Person: Eric Glidden			Contact Person's Title: Utility Manager	
Contact Person's Mailing Address: P.O. Box 640			City: Bokeelia	State: Florida Zip Code: 33922
Contact Person's Telephone Number: 239-283-6078			Contact Person's Fax Number: 239-283-6079	
Contact Person's E-Mail Address: ericglidden@useppa.com				
B. Water Treatment Plant Information				
Plant Name: Useppa Utility Company			Plant Telephone Number: 239-283-6078	
Plant Address: P.O. Box 640/ 8115 Main Street			City: Bokeelia	State: Florida Zip Code: 33922
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 56,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): II			Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Eric Glidden	C	0012872	Monday-Saturday Day Shift
Other Operators:	Dan Beatty	B	0008206	Sunday Day Shift

II. Certification by Lead Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

 2/2/11	Eric Glidden	0012872
Signature and Date	Printed or Typed Name	

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 5360299

Plant Name: Useppa Utility Company

III. Daily Data for the Month Year **January 2011**

Means of Achieving Four-Log Virus Inactivation/Removal: * ☒ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations						UV Dose				
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	9	21,784						7.70			1.60		
2	22	53,651						7.60			1.70		
3	7	16,671						7.80			1.60		
4	13	33,164						8.10			1.80		
5	16	37,761						7.80			2.70		
6	10	25,525						7.50			1.60		
7	12	30,355						7.50			1.50		
8	18	41,160						7.40			3.30		
9	0	304						7.40			0.30		
10	22	51,838						7.60			0.90		
11	8	17,545						7.80			2.10		
12	24	53,570						8.30			3.40		
13	15	34,156						8.30			3.40		
14	14	24,855						8.30			3.00		
15	16	36,875						8.00			2.90		
16	11	24,970						7.30			2.10		
17	9	19,279						7.70			1.70		
18	10	22,966						7.90			1.40		
19	13	28,574						7.70			1.30		
20	13	28,657						7.40			2.20		
21	11	23,559						7.40			1.10		
22	15	33,321						7.90			1.90		
23	9	19,673						7.70			1.60		
24	0	54						7.60			1.40		
25	24	55,857						7.60			1.20		
26	9	21,303						7.60			1.40		
27	22	50,202						8.10			1.50		
28	3	8,268						8.00			2.70		
29	21	49,530						7.40			2.20		
30	9	21,835						7.90			1.00		
31	13	31,652						7.60			1.10		
Total		918,914											
Average		29,643											
Maximum		55,857											

* Refer to the instructions for this report to determine which plants must provide this information.



MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month Year of: February 2011				
A. Public Water System (PWS) Information				
PWS Name: Useppa Utility Company			PWS Identification Number: 5360299	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive				
Number of Service Connections at End of Month: 151			Total Population Served at End of Month: 200	
PWS Owner: Garfield Beckstead				
Contact Person: Eric Glidden			Contact Person's Title: Utility Manager	
Contact Person's Mailing Address: P.O. Box 640			City: Bokeelia	State: Florida Zip Code: 33922
Contact Person's Telephone Number: 239-283-6078			Contact Person's Fax Number: 239-283-6079	
Contact Person's E-Mail Address: ericglidden@useppa.com				
B. Water Treatment Plant Information				
Plant Name: Useppa Utility Company			Plant Telephone Number: 239-283-6078	
Plant Address: P.O. Box 640/ 8115 Main Street			City: Bokeelia	State: Florida Zip Code: 33922
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 56,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): II			Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Eric Glidden	C	0012872	Monday-Saturday Day Shift
Other Operators:	Dan Beatty	B	0008206	Sunday Day Shift

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

 3/9/11	Eric Glidden	0012872
Signature and Date	Printed or Typed Name	

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 5360299

Plant Name: Useppa Utility Company

III. Daily Data for the Month Year **February 2011**

Means of Achieving Four-Log Virus Inactivation/Removal: * ☒ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations						UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²		
1	8	18,208						8.00			1.70	
2	18	44,618						7.60			0.80	
3	0	0						8.30			1.90	
4	24	57,489						7.80			2.00	
5	7	17,427						8.00			2.40	
6	23	54,453						7.50			1.10	
7	12	29,381						7.70			1.30	
8	1	1,255						7.70			1.20	
9	24	57,540						7.80			0.90	
10	24	57,463						7.60			2.20	
11	6	13,981						7.60			1.50	
12	23	55,511						7.70			1.40	
13	0	0						7.60			0.40	
14	23	51,527						7.70			1.40	
15	24	53,246						8.10			1.40	
16	24	52,759						7.90			1.30	
17	20	43,232						7.90			0.60	
18	20	41,362						7.90			1.00	
19	21	45,660						7.80			1.10	
20	21	47,054						7.60			1.20	
21	14	31,370						7.70			1.00	
22	15	37,306						7.80			1.20	
23	20	50,440						7.90			1.30	
24	19	46,749						7.60			1.10	
25	14	36,953						7.50			1.20	
26	5	12,593						7.60			0.70	
27	20	48,930						7.60			0.80	
28	24	59,204						7.60			1.30	
29												
30												
31												
Total		1,065,710										
Average		38,061										
Maximum		59,204										

* Refer to the instructions for this report to determine which plants must provide this information.



MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month Year of: March 2011

A. Public Water System (PWS) Information

PWS Name: Useppa Utility Company		PWS Identification Number: 5360299	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 151		Total Population Served at End of Month: 200	
PWS Owner: Garfield Beckstead			
Contact Person: Eric Glidden		Contact Person's Title: Utility Manager	
Contact Person's Mailing Address: P.O. Box 640		City: Bokeelia	State: Florida Zip Code: 33922
Contact Person's Telephone Number: 239-283-6078		Contact Person's Fax Number: 239-283-6079	
Contact Person's E-Mail Address: ericglidden@useppa.com			

B. Water Treatment Plant Information

Plant Name: Useppa Utility Company		Plant Telephone Number: 239-283-6078		
Plant Address: P.O. Box 640/ 8115 Main Street		City: Bokeelia	State: Florida Zip Code: 33922	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 56,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): II		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Eric Glidden	C	0012872	Monday-Saturday Day Shift
Other Operators:	Dan Beatty	B	0008206	Sunday Day Shift

II. Certification by Lead Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

 4/7/11	Eric Glidden	0012872
Signature and Date	Printed or Typed Name	

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 5360299

Plant Name: Useppa Utility Company

III. Daily Data for the Month Year **March 2011**

Means of Achieving Four-Log Virus Inactivation/Removal: * ☒ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations						UV Dose				
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	20	50,116						7.60			0.90		
2	24	57,224						7.60			1.10		
3	24	58,487						7.70			1.00		
4	17	42,801						7.70			0.80		
5	23	57,715						7.60			1.10		
6	12	30,302						7.50			0.80		
7	19	45,687						7.60			0.40		
8	17	41,005						7.80			1.00		
9	20	49,623						7.50			0.50		
10	13	33,439						7.90			1.60		
11	13	32,800						8.00			2.50		
12	20	49,562						7.70			2.30		
13	0	75						7.70			2.10		
14	24	58,007						7.40			2.10		
15	28	68,667						7.70			1.70		
16	16	39,481						7.70			1.30		
17	19	46,515						7.60			1.60		
18	17	41,728						7.70			1.80		
19	22	53,733						7.80			1.50		
20	9	23,423						7.60			1.30		
21	24	58,341						7.70			1.00		
22	20	47,435						7.80			1.00		
23	24	56,604						7.80			0.90		
24	20	48,500						7.60			1.20		
25	20	47,637						7.50			1.30		
26	21	50,698						7.60			1.10		
27	18	44,682						7.50			1.50		
28	20	47,093						7.70			1.00		
29	14	35,816						7.70			0.80		
30	24	53,873						7.90			0.90		
31	22	48,780						7.60			2.70		
Total		1,419,749											
Average		45,798											
Maximum		68,667	— at 28 hours										

— * 28 hours

* Refer to the instructions for this report to determine which plants must provide this information.



MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month/Year of: April 2011

A. Public Water System (PWS) Information

PWS Name: Useppa Utility Company		PWS Identification Number: 5360299		
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: 151		Total Population Served at End of Month: 200		
PWS Owner: Garfield Beckstead				
Contact Person: Eric Glidden		Contact Person's Title: Utility Manager		
Contact Person's Mailing Address: P.O. Box 640		City: Bokeelia	State: Florida	Zip Code: 33922
Contact Person's Telephone Number: 239-283-6078		Contact Person's Fax Number: 239-283-6079		
Contact Person's E-Mail Address: ericglidden@useppa.com				

B. Water Treatment Plant Information

Plant Name: Useppa Utility Company		Plant Telephone Number: 239-283-6078		
Plant Address: P.O. Box 640/ 8115 Main Street		City: Bokeelia	State: Florida	Zip Code: 33922
Type of Water Treated by Plant:		<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 56,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): II			Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Eric Glidden	C	0012872	Monday-Saturday Day Shift
Other Operators:	Dan Beatty	B	0008206	Sunday Day Shift

II. Certification by Lead Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

 5/4/11
Signature and Date

Eric Glidden
Printed or Typed Name

0012872

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 5360299

Plant Name: Useppa Utility Company

III. Daily Data for the Month/Year **April 2011**

Means of Achieving Four-Log Virus Inactivation/Removal: * ☒ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations						UV Dose				
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	22	49,186						7.90				1.90	
2	29	63,715						7.80				3.0	
3	13	28,196						7.60				1.60	
4	25	53,922						7.70				1.40	
5	13	29,248						7.60				1.80	
6	21	50,249						7.60				1.90	
7	24	56,162						7.70				1.70	
8	23	56,410						7.60				1.40	
9	17	40,445						7.50				1.70	
10	12	30,142						7.50				1.30	
11	17	41,395						7.70				1.80	
12	21	51,402						7.80				1.40	
13	24	57,882						7.80				1.80	
14	15	36,287						7.90				1.80	
15	24	56,839						7.80				1.40	
16	23	55,859						7.60				1.50	
17	10	24,529						7.60				1.60	
18	24	56,364						7.40				1.50	
19	18	42,684						7.70				1.10	
20	24	57,384						7.80				1.60	
21	31	73,950						7.70				1.20	
22	20	48,584						7.70				1.00	
23	28	65,967						7.70				1.40	
24	9	23,081						7.50				1.30	
25	28	66,252						7.60				1.60	
26	15	36,509						7.60				1.90	
27	22	53,518						7.70				2.10	
28	16	39,308						7.60				2.10	
29	20	47,697						7.60				1.80	
30	17	42,106						7.70				0.70	
31													
Total		1,435,273											
Average		47,842											
Maximum		73,950											

* Refer to the instructions for this report to determine which plants must provide this information.



MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month/Year of: May 2011

A. Public Water System (PWS) Information


PWS Name: Useppa Utility Company		PWS Identification Number: 5360299	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 151		Total Population Served at End of Month: 200	
PWS Owner: Garfield Beckstead			
Contact Person: Eric Glidden		Contact Person's Title: Utility Manager	
Contact Person's Mailing Address: P.O. Box 640		City: Bokeelia	State: Florida Zip Code: 33922
Contact Person's Telephone Number: 239-283-6078		Contact Person's Fax Number: 239-283-6079	
Contact Person's E-Mail Address: ericglidden@useppa.com			

B. Water Treatment Plant Information

Plant Name: Useppa Utility Company		Plant Telephone Number: 239-283-6078		
Plant Address: P.O. Box 640/ 8115 Main Street		City: Bokeelia	State: Florida Zip Code: 33922	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 56,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): II		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Eric Glidden	C	0012872	Monday-Saturday Day Shift
Other Operators:	Dan Beatty	B	0008206	Sunday Day Shift

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.


Signature and Date

Eric Glidden
Printed or Typed Name

0012872

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 5360299

Plant Name: Useppa Utility Company

III. Daily Data for the Month/Year **May 2011**

Means of Achieving Four-Log Virus Inactivation/Removal: * ☒ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose				
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²			
1	13	32,513						7.40				0.80		
2	19	46,482						7.30				1.00		
3	19	45,273						7.70				1.70		
4	31	72,614						7.20				0.40	Cl2 tube broken, increased cl2	
5	18	41,978						7.80				4.00	Decreased cl2	
6	15	37,488						7.30				2.30		
7	18	44,492						7.60				1.50		
8	8	20,500						7.30				1.40		
9	18	44,294						7.60				0.90		
10	22	54,936						7.40				0.50		
11	24	59,580						7.80				1.50		
12	17	41,336						7.60				1.70		
13	32	76,910						7.60				2.00		
14	13	33,929						7.40				2.40		
15	16	40,301						7.50				1.80		
16	12	29,810						7.60				1.70		
17	13	34,441						7.50				1.40		
18	24	57,470						7.30				1.30		
19	28	67,060						7.40				1.20		
20	25	61,675						7.50				1.80		
21	21	51,730						8.20				4.00		
22	7	19,185						7.50				3.20		
23	24	59,147						7.70				2.10		
24	27	67,067						7.60				1.80		
25	18	44,446						7.50				1.60		
26	20	47,886						7.70				1.20		
27	31	75,746						7.60				1.50		
28	25	60,933						7.60				1.40		
29	19	46,820						7.30				1.50		
30	24	58,688						7.50				1.50		
31	18	46,025						7.60				1.60		
Total		1,332,755												
Average		43,057												
Maximum		76,910	0.32 hrs											

* Refer to the instructions for this report to determine which plants must provide this information.



MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month/Year of: June 2011

A. Public Water System (PWS) Information

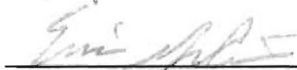
PWS Name: Useppa Utility Company		PWS Identification Number: 5360299	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 151		Total Population Served at End of Month: 200	
PWS Owner: Garfield Beckstead			
Contact Person: Eric Glidden		Contact Person's Title: Utility Manager	
Contact Person's Mailing Address: P.O. Box 640		City: Bokeelia	State: Florida Zip Code: 33922
Contact Person's Telephone Number: 239-283-6078		Contact Person's Fax Number: 239-283-6079	
Contact Person's E-Mail Address: ericglidden@useppa.com			

B. Water Treatment Plant Information

Plant Name: Useppa Utility Company		Plant Telephone Number: 239-283-6078		
Plant Address: P.O. Box 640/ 8115 Main Street		City: Bokeelia	State: Florida Zip Code: 33922	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 56,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): II		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Eric Glidden	C	0012872	Monday-Saturday Day Shift
Other Operators:	Dan Beatty	B	0008206	Sunday Day Shift

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

 7/8/11
Signature and Date

Eric Glidden
Printed or Typed Name

0012872

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 5360299

Plant Name: Useppa Utility Company

III. Daily Data for the Month/Year **June 2011**

Means of Achieving Four-Log Virus Inactivation/Removal: * ☒ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)

☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose				
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²			
1	27	65,295						7.60				1.40		
2	13	32,770						7.60				1.30		
3	26	63,380						7.50				1.00		
4	14	38,461						7.60				1.60		
5	7	19,144						7.40				0.70		
6	23	55,776						7.40				1.10		
7	31	74,446						7.60				2.00		
8	22	53,332						7.50				1.50		
9	22	53,457						7.50				1.40		
10	15	38,252						7.60				1.30		
11	17	43,708						7.60				1.20		
12	17	43,030						8.00				0.60		
13	15	38,914						7.70				0.90		
14	14	36,700						7.60				0.80		
15	31	75,197						7.60				1.60		
16	16	39,825						7.50				1.00		
17	25	61,026						7.60				1.10		
18	24	60,338						7.50				0.80		
19	16	41,333						7.60				2.50		
20	19	48,111						7.70				2.20		
21	29	72,779						7.80				2.00		
22	26	63,256						7.60				1.60		
23	15	37,257						7.50				1.40		
24	21	52,642						7.50				1.30		
25	19	50,680						7.50				0.90		
26	9	23,803						7.70				1.00		
27	17	45,568						7.80				1.20		
28	16	44,851						7.70				1.10		
29	11	32,284						7.60				0.80		
30	9	26,957						7.70				1.00		
31														
Total		1,432,572												
Average		47,752												
Maximum		74,446												

* Refer to the instructions for this report to determine which plants must provide this information.



MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month/Year of: July 2011

A. Public Water System (PWS) Information

PWS Name: Useppa Utility Company		PWS Identification Number: 5360299	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 151		Total Population Served at End of Month: 200	
PWS Owner: Garfield Beckstead			
Contact Person: Eric Glidden		Contact Person's Title: Utility Manager	
Contact Person's Mailing Address: P.O. Box 640		City: Bokeelia	State: Florida Zip Code: 33922
Contact Person's Telephone Number: 239-283-6078		Contact Person's Fax Number: 239-283-6079	
Contact Person's E-Mail Address: ericglidden@useppa.com			

B. Water Treatment Plant Information

Plant Name: Useppa Utility Company		Plant Telephone Number: 239-283-6078		
Plant Address: P.O. Box 640/ 8115 Main Street		City: Bokeelia	State: Florida Zip Code: 33922	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 56,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): II		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Eric Glidden	C	0012872	Monday-Saturday Day Shift
Other Operators:	Dan Beatty	B	0008206	Sunday Day Shift

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

 8/10/11
Signature and Date

Eric Glidden
Printed or Typed Name

0012872

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 5360299

Plant Name: Useppa Utility Company

III. Daily Data for the Month/Year July 2011

Means of Achieving Four-Log Virus Inactivation/Removal: * ☒ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)

☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose				
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²			
1	11	30,509						7.60				0.90		
2	11	31,864						7.50				1.00		
3	11	31,864											Not able to visit sick. Trainee checked. All ok	
4	19	51,204						7.60				1.10		
5	0	0						7.70				1.50		
6	20	50,209						7.50				1.40		
7	3	15,762						7.60				1.30		
8	0	0						7.50				1.30		
9	17	47,392						7.50				0.50	Stennor pump problem	
10	8	25,182						7.40				0.30	Replace stennor tube	
11	0	0						7.40				0.60		
12	17	44,668						7.40				0.50		
13	0	4						7.40				1.30		
14	16	42,585						7.40				1.00		
15	0	0						7.30				0.40		
16	16	46,844						7.80				3.80		
17	12	33,689						7.60				2.10		
18	0	1						7.50				1.80		
19	6	15,374						7.50				1.70		
20	26	63,837						7.90				1.40		
21	1	11,902						7.90				1.30		
22	0	0						7.70				0.60	Stennor increase rate	
23	25	52,244						7.30				0.60		
24	16	42,488						7.30				0.50	Replace stennor pump	
25	0	0						7.30				0.70		
26	16	42,397						7.20				0.50	Batched cl2	
27	8	30,275						7.40				1.50		
28	0	0						7.80				0.90		
29	21	53,185						7.80				0.80		
30	1	1,822						7.80				0.70		
31	0	0						7.30				0.80		
Total		765,301												
Average		24,687												
Maximum		63,837												

* Refer to the instructions for this report to determine which plants must provide this information.



MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month/Year of: August 2011

A. Public Water System (PWS) Information

PWS Name: Useppa Utility Company		PWS Identification Number: 5360299	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 151		Total Population Served at End of Month: 200	
PWS Owner: Garfield Beckstead			
Contact Person: Eric Glidden		Contact Person's Title: Utility Manager	
Contact Person's Mailing Address: P.O. Box 640		City: Bokeelia	State: Florida Zip Code: 33922
Contact Person's Telephone Number: 239-283-6078		Contact Person's Fax Number: 239-283-6079	
Contact Person's E-Mail Address: ericglidden@useppa.com			

B. Water Treatment Plant Information

Plant Name: Useppa Utility Company		Plant Telephone Number: 239-283-6078		
Plant Address: P.O. Box 640/ 8115 Main Street		City: Bokeelia	State: Florida Zip Code: 33922	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 56,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): II		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Eric Glidden	C	0012872	Monday-Saturday Day Shift
Other Operators:	Dan Beatty	B	0008206	Sunday Day Shift

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

 9/10/11
Signature and Date

Eric Glidden
Printed or Typed Name

0012872

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 5360299

Plant Name: Useppa Utility Company

III. Daily Data for the Month/Year of: August 2011

Means of Achieving Four-Log Virus Inactivation/Removal: * ☒ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)

☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations						UV Dose				
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	60,322						7.40				0.80	
2	21	53,144						7.40				0.70	
3	10	28,398						7.50				1.10	
4	4	8,773						7.80				1.00	
5	20	49,721						7.90				1.10	
6	20	52,333						7.90				1.30	
7	6	19,278						7.70				1.50	
8	11	32,495						7.70				1.50	
9	8	26,370						7.70				1.3	
10	20	51,192						7.80				0.70	
11	12	31,580						7.80				1.00	
12	22	54,121						7.60				1.10	
13	18	43,865						7.60				1.30	
14	0	0						7.80				1.50	
15	24	58,142						7.70				1.80	
16	0	144						7.60				2.10	
17	26	63,813						7.60				1.80	
18	0	0						7.80				2.00	
19	8	18,684						8.00				2.00	
20	28	69,107						7.60				2.20	
21	1	71						7.70				2.50	
22	24	57,699						7.80				1.50	
23	0	0						7.90				2.00	
24	20	11,200						7.80				1.70	
25	6	14,062						7.70				1.50	
26	29	70,022						7.60				1.40	
27	18	44,731						7.60				1.60	
28	0	6						7.60				1.50	
29	23	56,683						7.60				1.20	
30	0	0						7.80				1.10	
31	4	10,400						7.90				1.00	
Total		1,026,350											
Average		33.100											
Maximum		70,022	40.80 Total Hours										

* Refer to the instructions for this report to determine which plants must provide this information.



MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

I. General Information for the Month/Year of: September 2011

A. Public Water System (PWS) Information


PWS Name: Useppa Utility Company		PWS Identification Number: 5360299	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 151		Total Population Served at End of Month: 200	
PWS Owner: Garfield Beckstead			
Contact Person: Eric Glidden		Contact Person's Title: Utility Manager	
Contact Person's Mailing Address: P.O. Box 640		City: Bokeelia	State: Florida Zip Code: 33922
Contact Person's Telephone Number: 239-283-6078		Contact Person's Fax Number: 239-283-6079	
Contact Person's E-Mail Address: ericglidden@useppa.com			

B. Water Treatment Plant Information

Plant Name: Useppa Utility Company		Plant Telephone Number: 239-283-6078		
Plant Address: P.O. Box 640/ 8115 Main Street		City: Bokeelia	State: Florida Zip Code: 33922	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 56,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): II		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Eric Glidden	C	0012872	Monday-Saturday Day Shift
Other Operators:	Dan Beatty	B	0008206	Sunday Day Shift

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

 10/9/11
Signature and Date

Eric Glidden
Printed or Typed Name

0012872

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 5360299

Plant Name: Useppa Utility Company

III. Daily Data for the Month/Year September 2011

Means of Achieving Four-Log Virus Inactivation/Removal: * ☒ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)

☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose				
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²			
1	23	55,464						7.70				0.60		
2	8	18,802						7.70				0.30		
3	28	66,758						7.60				1.50		
4	0	275						7.60				1.70		
5	30	71,243						7.70				2.50		
6	22	52,771						7.80				2.30		
7	17	41,273						7.80				1.80		
8	0	0						7.70				1.70		
9	21	51,017						7.60				1.30		
10	0	0						7.80				1.40		
11	4	10,235						7.50				0.90		
12	23	56,260						7.50				1.00		
13	0	0						7.40				1.00		
14	19	46,271						7.30				0.90		
15	0	1,024						7.70				1.70		
16	22	53,704						7.60				1.10		
17	10	23,371						7.70				0.80		
18	0	925						7.80				0.70		
19	0	0											Water system shut down for tank repair no flow	
20	14	33,936											Water system shut down for tank repair no flow	
21	18	42,248						7.80				4.00	System back on, samples taken, boil water issued	
22	32	76,414						7.90				3.80	samples taken	
23	18	40,100						7.80				3.00	Resind boil water notice	
24	7	17,827						7.60				1.30		
25	4	8,458						7.70				1.50		
26	24	56,732						7.80				1.90		
27	0	0						7.80				1.70		
28	0	0						7.80				1.60		
29	24	57,930						7.80				1.50		
30	22	53,303						7.60				1.60		
31														
Total		936,341												
Average		31,211												
Maximum		76,414	32 hrs Run Time											

* Refer to the instructions for this report to determine which plants must provide this information.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A
FDEP LIMITS (REPLACES MOR FORM)

Item # 4

332-6464

PERMITTEE NAME: USEPPA ISLAND CLUB
 MAILING ADDRESS: P.O. Box 640
 Bokelia, FL 33922

 FACILITY: Useppa Island Utility Co. WWTP
 LOCATION: P.O. Box 640
 Bokelia, FL 33922

PERMIT NUMBER: DO36177473
 MONITORING PERIOD--From: 01/01/10 TO 01/31/10
 LIMIT: FINAL
 CLASS SIZE: MINOR GROUP: DOMESTIC
 FACILITY ID: 5236P00081 GMS TESTICIDE ID NO.:
 WAFR SYSTEM ID NO.:
 PLANT SIZE/TREATMENT TYPE: C/Class1 *** NO DISCHARGE [X] ***
 TYPE OF EFFLUENT DISPOSAL: Perc Ponds

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
STORET CODE										
FLOW	Sample Measurement	0.0143	0.0330	(03) MGD	*****	*****	*****	31	DAILY-5/WK	FLOW METER
050050 1	Permit Requirement	REPORT MONTHLY AVG	PERMIT CAP .250	MGD	*****	*****	*****		DAILY	FLOW METER
MONTHLY AVERAGE DAILY										
CBOD5, INFLUENT	Sample Measurement	*****	*****	*****		114		(19) MG/L	1	MONTHLY G
080082 G	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT SEE PERMIT
INFLUENT GROSS VALUE										
TSS, INFLUENT	Sample Measurement	*****	*****	*****		164		(19) MG/L	1	MONTHLY G
00530 G	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT SEE PERMIT
INFLUENT GROSS VALUE										
CBOD5, EFFLUENT	Sample Measurement	*****	*****	*****		3.0		(19) MG/L	1	MONTHLY G
080082 1	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT SEE PERMIT
EFFLUENT GROSS VALUE										
TSS, EFFLUENT, GRAB	Sample Measurement	*****	*****	*****	0.6	4.2	10.4	(19) MG/L	12	MONTHLY G
000530 1	Permit Requirement	*****	*****	*****	*****	149.4	REPORT DAILY MAX	mg/L		SEE PERMIT SEE PERMIT
EFFLUENT GROSS VALUE										
COLIFORM, FECAL	Sample Measurement	*****	*****	*****	1.0	3.1	26.0	(13) #/100ML	12	MONTHLY G
031616 1	Permit Requirement	*****	*****	*****	REPORT WEEKLY AVG	REPORT MONTHLY AVG	REPORT DAILY MAX	#/100mL		SEE PERMIT SEE PERMIT
EFFLUENT GROSS VALUE										

I certify under penalty of law, that I have personally examined and am familiar with the information submitted herein; based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Eric Glidden, Utility Manager	<i>Eric Glidden</i>	(239) 283-6078	2/25/10

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary)

PERMITTEE NAME: USEPPA ISLAND CLUB
MAILING ADDRESS: P.O. Box 640
Bokeelia, FL 33922

PERMIT NUMBER: DO36177473
MONITORING PERIOD--From: 01/01/10 TO 01/31/10
LIMIT: FINAL
CLASS SIZE: MINOR
FACILITY ID: 5236P00081

GROUP: DOMESTIC
GMS TESTICIDE ID NO.:
WAFR SYSTEM ID NO.:

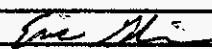
FACILITY: Useppa Island Utility Co. WWTP
LOCATION: P.O. Box 640
Bokeelia, FL 33922

PLANT SIZE/TREATMENT TYPE: C/Class1
TYPE OF EFFLUENT DISPOSAL: Perc Ponds
*** NO DISCHARGE [X] ***

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
STORET CODE											
ph	Sample Measurement	*****	*****	*****	7.2	7.65	8.1	(12) SU	26	DAILY-5/WK	GRAB
000400 1 MINIMUM	Permit Requirement	*****	*****	*****	6.0 MINIMUM	*****	8.5 DAILY MAX	#/100mL		SEE PERMIT	GRAB
CHLORINE, TOTAL RESIDUAL	Sample Measurement	*****	*****	*****	1.1	4.82	10.2	(19) MG/L	26	DAILY-5/WK	GRAB
050060 1 EFFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	.5 MINIMUM	*****	*****	mg/L		SEE PERMIT	SEE PERMIT
NITRATE (as N) (IF REQ. IN THE PERMIT)	Sample Measurement	*****	*****	*****	*****	0.04		(19) MG/L	1	MONTHLY	GRAB
000620 1 EFFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	*****	*****	12.0 MAXIMUM	mg/L		ANNUAL	SEE PERMIT
NITROGEN, TOTAL (as N) (IF REQ. IN THE PERMIT)	Sample Measurement	*****	*****	*****	*****	*****	*****	(12) SU	0	N/A	N/A
000600 1 EFFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	*****	*****	REPORT DAILY AMX	#/100mL		SEE PERMIT	SEE PERMIT
CBOD5, EFFLUENT	Sample Measurement	*****	*****	*****		*****	*****	*****	0		
080082 Y ANNUAL AVERAGE	Permit Requirement	*****	*****	*****	REPORT ANNUAL AVG	*****	*****	*****		SEE PERMIT	SEE PERMIT
TSS, EFFLUENT	Sample Measurement	*****	*****	*****		*****	*****	*****	0		
000530 Y ANNUAL AVERAGE	Permit Requirement	*****	*****	*****	REPORT ANNUAL AVG	*****	*****	*****		SEE PERMIT	SEE PERMIT

I certify under penalty of law, that I have personally examined and am familiar with the information submitted herein; based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Eric Glidden, Utility Manager		(239)283-6078	2/25/10

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary)

DAILY SAMPLE RESULTS - PART B

Permit Number: DO36177473
 Month/Year: January 2010

Three-month Average Daily Flow:
 (TMADF/Permitted Capacity)x100:

	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	CL2 (For Disinfect. (mg/L)	Nitrate (mg/L)	Time of Sample	Type of Sample (C/G)
Code	50050.00	80082	00530	80082	00530	00008	00400	74055	50060	00620		
Non. Site												
01	0.0330						7.4		4.1			
02	0.0230						7.6		3.7			
03	0.0230											
04	0.0120						7.6		4.6			
05	0.0139	114.0	164.0	3.0	2.4		7.8	1.0	7.5	0.04	8:30	G
06	0.0110						7.8		6.3			
07	0.0112				4.6		7.6	1.0	3.0		8:15	G
08	0.0175				1.9		8.1	1.0	7.2		8:00	G
09	0.0101						7.6		3.9			
10	0.0101											
11	0.0099						7.6		3.5			
12	0.0123				1.5		7.5	1.0	3.2		8:40	G
13	0.0053						7.4		2.5			
14	0.0081				0.6		7.4	1.0	2.3		8:30	G
15	0.0192				2.3		7.2	26.0	1.1		8:15	G
16	0.0135						7.3		1.3			
17	0.0136											
18	0.0125						7.3		4.2			
19	0.0202				8.6		7.6	1.0	10.2		8:45	G
20	0.0195						7.4		6.0			
21	0.0077				10.4		7.3	1.0	2.6		8:30	G
22	0.0200				9.6		8.0	1.0	8.1		8:30	G
23	0.0181						7.6		4.6			
24	0.0181											
25	0.0102						7.6		3.8			
26	0.0130				4.1		8.1	1.0	6.5		8:40	G
27	0.0119						8.2		7.1			
28	0.0130				2.4		7.7	1.0	4.2		8:30	G
29	0.0128				2.5		8.1	1.0	6.5		8:20	G
30	0.0090						8.0		7.2			
31	0.0091											

PLANT STAFFING:

Day Shift Operator Class: _____ Certificate No.: _____ Name: _____
 Evening Shift Operator Class: _____ Certificate No.: _____ Name: _____
 Night Shift Operator Class: _____ Certificate No.: _____ Name: _____
 Lead Shift Operator Class: C Certificate No.: 0012789 Name: ERIC GLIDDEN

Type of Effluent

Type of effluent Disposal or Reclaimed Water Reuse: PERC PONDS

Limited Wet Weather Discharge Activiated: Yes: No: Not Applicable: X If yes, cumulative days of wet weather discharge:

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: USEPPA ISLAND CLUB
 MAILING ADDRESS: P.O. Box 640
 Bokeelia, FL 33922

FACILITY: Useppa Island Utility Co. WWTP
 LOCATION: P.O. Box 640
 Bokeelia, FL 33922

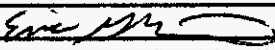
PERMIT NUMBER: DO36177473
 MONITORING PERIOD--From: 02/01/10 TO 02/28/10
 LIMIT: FINAL
 CLASS SIZE: MINOR
 FACILITY ID: 5236P00081

GROUP: DOMESTIC
 GMS TESTICIDE ID NO.:
 WAFR SYSTEM ID NO.:
 PLANT SIZE/TREATMENT TYPE: C/Class1 *** NO DISCHARGE [X] ***
 TYPE OF EFFLUENT DISPOSAL: Perc Ponds

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
STORET CODE											
FLOW	Sample Measurement	0.0168	0.0315	(03) MGD	*****	*****	*****	*****	28	DAILY--5/WK	FLOW METER
050050 1 MONTHLY AVERAGE DAILY	Permit Requirement	REPORT MONTHLY AVG	PERMIT CAP .250	MGD	*****	*****	*****	*****		DAILY	FLOW METER
CBOD5, INFLUENT	Sample Measurement	*****	*****	*****		176		(19) MG/L	1	MONTHLY	G
080082 G INFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
TSS, INFLUENT	Sample Measurement	*****	*****	*****		251		(19) MG/L	1	MONTHLY	G
00530 G INFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
CBOD5, EFFLUENT	Sample Measurement	*****	*****	*****		3.0		(19) MG/L	1	MONTHLY	G
080082 1 EFFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
TSS, EFFLUENT, GRAB	Sample Measurement	*****	*****	*****	0.6	2.6	4.7	(19) MG/L	12	MONTHLY	G
000530 1 EFFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	*****	149.4	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
COLIFORM, FECAL	Sample Measurement	*****	*****	*****	1.0	1.75	6.0	(13) #/100ML	12	MONTHLY	G
031616 1 EFFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	REPORT WEEKLY AVG	REPORT MONTHLY AVG	REPORT DAILY MAX	#/100mL		SEE PERMIT	SEE PERMIT

I certify under penalty of law, that I have personally examined and am familiar with the information submitted herein; based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OR PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Eric Glidden, Utility Manager		(239) 283-6078	3/26/10

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary)

PERMITTEE NAME: USEPPA ISLAND CLUB
 MAILING ADDRESS: P.O. Box 640
 Bokeelia, FL 33922

 FACILITY: Useppa Island Utility Co. WWTP
 LOCATION: P.O. Box 640
 Bokeelia, FL 33922

PERMIT NUMBER: DO36177473
 MONITORING PERIOD--From: 02/01/10 TO 02/28/10
 LIMIT: FINAL
 CLASS SIZE: MINOR
 FACILITY ID: 5236P00081
 GROUP: DOMESTIC
 GMS TESTICIDE ID NO.:
 WAFR SYSTEM ID NO.:
 PLANT SIZE/TREATMENT TYPE: C/Class1 *** NO DISCHARGE [X] ***
 TYPE OF EFFLUENT DISPOSAL: Perc Ponds

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
STORET CODE											
ph	Sample Measurement	*****	*****	*****	7.1	7.65	8.2	(12) SU	24	DAILY--5/WK	GRAB
000400 1 MINIMUM	Permit Requirement	*****	*****	*****	6.0 MINIMUM	*****	8.5 DAILY MAX	#/100mL		SEE PERMIT	GRAB
CHLORINE, TOTAL RESIDUAL	Sample Measurement	*****	*****	*****	1.0	4.28	11	(19) MG/L	24	DAILY--5/WK	GRAB
050060 1 EFFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	1.0 MINIMUM	*****	*****	mg/L		SEE PERMIT	SEE PERMIT
NITRATE (as N) (IF REQ. IN THE PERMIT)	Sample Measurement	*****	*****	*****	*****	0.26		(19) MG/L	1	MONTHLY	GRAB
000620 1 EFFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	*****	*****	12.0 MAXIMUM	mg/L		ANNUAL	SEE PERMIT
NITROGEN, TOTAL (as N) (IF REQ. IN THE PERMIT)	Sample Measurement	*****	*****	*****	*****	*****	*****	(12) SU	0	N/A	N/A
000600 1 EFFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	*****	*****	REPORT DAILY AMX	#/100mL		SEE PERMIT	SEE PERMIT
CBOD5, EFFLUENT	Sample Measurement	*****	*****	*****		*****	*****	*****	0		
080082 Y ANNUAL AVERAGE	Permit Requirement	*****	*****	*****	REPORT ANNUAL AVG	*****	*****	*****		SEE PERMIT	SEE PERMIT
TSS, EFFLUENT	Sample Measurement	*****	*****	*****		*****	*****	*****	0		
000530 Y ANNUAL AVERAGE	Permit Requirement	*****	*****	*****	REPORT ANNUAL AVG	*****	*****	*****		SEE PERMIT	SEE PERMIT

I certify under penalty of law, that I have personally examined and am familiar with the information submitted herein; based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Eric Glidden, Utility Manager		(239)283-6078	3/26/10

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary)

DAILY SAMPLE RESULTS - PART B

Permit Number: DO36177473
 Month/Year: February 2010

Three-month Average Daily Flow:
 (TMADF/Permitted Capacity)x100:

	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	CL2 (For Disinfect. (mg/L)	Nitrate (mg/L)	Time of Sample	Type of Sample (C/G)
Code	50050.00	80082	00530	80082	00530	00008	00400	74055	50060	00620		
Non. Site												
01	0.0003						7.8		5.6			
02	0.0315				1.0		7.8	1.0	4.1		8:40	G
03	0.0182						7.8		2.8			
04	0.0150	176.0	251.0	3.0	3.7		8.2	1.0	7.7	0.26	8:00	G
05	0.0178				2.8		8.1	1.0	3.9		8:30	G
06	0.0128						8.1		5.3			
07	0.0129											
08	0.0162						7.9		4.1			
09	0.0205				1.9		7.8	1.0	3.8		8:15	G
10	0.0118						7.6		1.2			
11	0.0158				3.6		8.1	1.0	6.2		8:30	G
12	0.0160				2.5		7.3	1.0	1.1		8:20	G
13	0.0168						7.6		1.4			
14	0.0168											
15	0.0176						7.2		1.2			
16	0.0308				2.5		6.9	6.0	1.0		7:50	G
17	0.0256						7.1		1.3			
18	0.0144				4.7		7.4	1.0	6.9		7:45	G
19	0.0140				1.3		7.1	1.0	3.2		8:30	G
20	0.0140											
21	0.0123						7.7		11.0			
22	0.0104						7.6		7.3			
23	0.0159				0.6		7.9	1.0	8.4		8:50	G
24	0.0161						7.6		3.4			
25	0.0159				3.4		7.6	5.0	2.9		8:00	G
26	0.0221				2.7		7.5	1.0	3.2		8:15	G
27	0.0199						8.0		5.6			
28	0.0200											
29												
30												
31												

PLANT STAFFING:

Day Shift Operator	Class: _____	Certificate No.: _____	Name: _____
Evening Shift Operator	Class: _____	Certificate No.: _____	Name: _____
Night Shift Operator	Class: _____	Certificate No.: _____	Name: _____
Lead Shift Operator	Class: <u>C</u>	Certificate No.: <u>0012789</u>	Name: <u>ERIC GLIDDEN</u>

Type of Effluent

Type of effluent Disposal or Reclaimed Water Reuse: PERC PONDS

Limited Wet Weather Discharge Activiated: Yes: No: Not Applicable: X If yes, cumulative days of wet weather discharge:

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



DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: USEPPA ISLAND CLUB
MAILING ADDRESS: P.O. Box 640
Bokeelia, FL 33922

PERMIT NUMBER: D036177473
MONITORING PERIOD--From: 03/01/10 TO 03/31/10
LIMIT: FINAL

CLASS SIZE: MINOR GROUP: DOMESTIC
FACILITY ID: 5236P00081 GMS TESTICIDE ID NO.:


FACILITY: Useppa Island Utility Co. WWTP
LOCATION: P.O. Box 640
Bokeelia, FL 33922

PLANT SIZE/TREATMENT TYPE: C/Class I *** NO DISCHARGE [X] ***
TYPE OF EFFLUENT DISPOSAL: Perc Ponds

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
STORE CODE											
FLOW	Sample Measurement	0.0171	0.0313	(103) MGD	*****	*****	*****	*****	31	DAILY--5/AWK	FLOW METER
050050 1 MONTHLY AVERAGE DAILY	Permit Requirement	REPORT MONTHLY AVG	PERMIT CAP 250	MGD	*****	*****	*****	*****		DAILY	FLOW METER
CBOD5, INFLUENT	Sample Measurement	*****	*****	*****		86		(19) MG/L	1	MONTHLY	G
080082 G INFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
TSS, INFLUENT	Sample Measurement	*****	*****	*****		74		(19) MG/L	1	MONTHLY	G
00530 G INFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
CBOD5, EFFLUENT	Sample Measurement	*****	*****	*****		2.0		(19) MG/L	1	MONTHLY	G
080082 1 EFFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
TSS, EFFLUENT, GRAB	Sample Measurement	*****	*****	*****	0.7	2.52	5.9	(19) MG/L	13	MONTHLY	G
000530 1 EFFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
COLIFORM, FECAL	Sample Measurement	*****	*****	*****	1.0	1.00	1.0	(13) #/100mL	13	MONTHLY	G
031616 1 EFFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	REPORT WEEKLY AVG	REPORT MONTHLY AVG	REPORT DAILY MAX	#/100mL		SEE PERMIT	SEE PERMIT

I certify under penalty of law, that I have personally examined and am familiar with the information submitted herein, based on my inquiry of those individuals immediately responsible for obtaining the information. I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Eric Glidden, Utility Manager		(239) 283-6078	8/8/10

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here). (Attach additional sheets if necessary)

PERMITTEE NAME: USEPPA ISLAND CLUB
 MAILING ADDRESS: P.O. Box 640
 Bokeelia, FL 33922

PERMIT NUMBER: D036177473
 MONITORING PERIOD--From: 03/01/10 TO 03/31/10
 LIMIT: FINAL
 CLASS SIZE: MINOR
 FACILITY ID: 5236P00081

GROUP: DOMESTIC
 GMS TESTICIDE ID NO.:
 WAFR SYSTEM ID NO.:

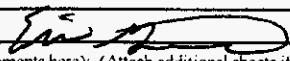
FACILITY: Useppa Island Utility Co. WWTP
 LOCATION: P.O. Box 640
 Bokeelia, FL 33922

PLANT SIZE/TREATMENT TYPE: C/Class1
 TYPE OF EFFLUENT DISPOSAL: Perc Ponds
 *** NO DISCHARGE [X] ***

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
STORET CODE											
ph	Sample Measurement	*****	*****	*****	6.9	7.58	8.0	(12) SU	27	DAILY--5/WK	GRAB
000400 1 MINIMUM	Permit Requirement	*****	*****	*****	6.0 MINIMUM	*****	8.5 DAILY MAX	#/100mL		SEE PERMIT	GRAB
CHLORINE, TOTAL RESIDUAL	Sample Measurement	*****	*****	*****	1.1	3.28	6.9	(19) MG/L	27	DAILY--5/WK	GRAB
050060 1 EFFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	1.0 MINIMUM	*****	*****	mg/L		SEE PERMIT	SEE PERMIT
NITRATE (as N) (IF REQ. IN THE PERMIT)	Sample Measurement	*****	*****	*****	*****	7.66		(19) MG/L	1	MONTHLY	GRAB
000620 1 EFFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	*****	*****	12.0 MAXIMUM	mg/L		ANNUAL	SEE PERMIT
NITROGEN, TOTAL (as N) (IF REQ. IN THE PERMIT)	Sample Measurement	*****	*****	*****	*****	*****	*****	(12) SU	()	N/A	N/A
000600 1 EFFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	*****	*****	REPORT DAILY MAX	#/100mL		SEE PERMIT	SEE PERMIT
COD5, EFFLUENT	Sample Measurement	*****	*****	*****		*****	*****	*****	()		
080082 Y ANNUAL AVERAGE	Permit Requirement	*****	*****	*****	REPORT ANNUAL AVG	*****	*****	*****		SEE PERMIT	SEE PERMIT
TSS, EFFLUENT	Sample Measurement	*****	*****	*****		*****	*****	*****	()		
000530 Y ANNUAL AVERAGE	Permit Requirement	*****	*****	*****	REPORT ANNUAL AVG	*****	*****	*****		SEE PERMIT	SEE PERMIT

I certify under penalty of law, that I have personally examined and am familiar with the information submitted herein; based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print):	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Eric Glidden, Utility Manager		(239)283-6078	4/8/10

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary)

DAILY SAMPLE RESULTS - PART B

Permit Number: DO36177473
 Month/Year: March 2010

Three-month Average Daily Flow:
 (TMADF Permitted Capacity)x100:

	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (# 100ml)	CL2 (For Disinfect. (mg/L)	Nitrate (mg/L)	Time of Sample	Type of Sample (C/G)
Code	50050.00	80082	00530	80082	00530	00008	00400	74055	50060	00620		
Non. Site												
01	0.0160						7.6		3.4			
02	0.0313	86.0	74.0	2.0	2.9		7.1	1.0	1.2	7.66	8:00	G
03	0.0167						7.3		2.2			
04	0.0158						7.2		1.9			
05	0.0163				5.9		7.0	1.0	1.6		8:30	G
06	0.0153				2.6		6.9	1.0	1.6		8:10	G
07	0.0154											
08	0.0135						7.2		1.4			
09	0.0138				2.7		7.3	1.0	1.3		8:30	G
10	0.0135						7.5		1.1			
11	0.0163				2.5		7.4	1.0	1.2		8:30	G
12	0.0170				2.9		7.8	1.0	3.0		8:00	G
13	0.0248						7.4		1.1			
14	0.0248											
15	0.0159						7.6		3.0			
16	0.0229				1.1		7.7	1.0	3.3		8:00	G
17	0.0103						7.5		2.1			
18	0.0169				4.7		7.9	1.0	6.9		8:00	G
19	0.0167				2.7		8.0	1.0	6.7		8:00	G
20	0.0167											
21	0.0150						7.8		5.1			
22	0.0178						7.9		3.9			
23	0.0174				1.9		7.8	1.0	3.8		8:00	G
24	0.0162						7.9		3.4			
25	0.0137				0.7		7.6	1.0	1.9		8:40	G
26	0.0177				0.7		7.8	1.0	4.6		8:15	G
27	0.0131						7.8		6.8			
28	0.0130											
29	0.0165						7.9		5.1			
30	0.0236				1.4		7.9	1.0	5.7		8:45	G
31	0.0174						7.8		5.2			

PLANT STAFFING:

Day Shift Operator	Class: _____	Certificate No.: _____	Name: _____
Evening Shift Operator	Class: _____	Certificate No.: _____	Name: _____
Night Shift Operator	Class: _____	Certificate No.: _____	Name: _____
Lead Shift Operator	Class: <u>C</u>	Certificate No.: <u>0012789</u>	Name: <u>ERIC GLIDDEN</u>

Type of Effluent

Type of effluent Disposal or Reclaimed Water Reuse: PERC PONDS

Limited Wet Weather Discharge Activiated: Yes: No: Not Applicable: X If yes, cumulative days of wet weather discharge:

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



DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A
FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: USEPPA ISLAND CLUB
 MAILING ADDRESS: P.O. Box 640
 Bokeelia, FL 33922

PERMIT NUMBER: DO36177473
 MONITORING PERIOD--From: 04/01/10 TO 04/30/10
 LIMIT: FINAL
 CLASS SIZE: MINOR
 FACILITY ID: 3236P00081
 GROUP: DOMESTIC
 GMS TESTICIDE ID NO.:
 WAFR SYSTEM ID NO.:
 PLANT SIZE/TREATMENT TYPE: C/Class1
 TYPE OF EFFLUENT DISPOSAL: Perc Ponds *** NO DISCHARGE [X] ***

FACILITY: Useppa Island Utility Co. WWTP
 LOCATION: P.O. Box 640
 Bokeelia, FL 33922

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
STORET CODE											
FLOW	Sample Measurement	0.0157	0.0284	(03) MGD	*****	*****	*****	*****	30	DAILY--5/WK	FLOW METER
050050 1 MONTHLY AVERAGE DAILY	Permit Requirement	REPORT MONTHLY AVG	PERMIT CAP .250	MGD	*****	*****	*****	*****		DAILY	FLOW METER
CBOD5, INFLUENT	Sample Measurement	*****	*****	*****	150	171	192	(19) MG/L	2	MONTHLY	G
080082 G INFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
TSS, INFLUENT	Sample Measurement	*****	*****	*****	269	337	404	(19) MG/L	2	MONTHLY	G
00530 G INFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
CBOD5, EFFLUENT	Sample Measurement	*****	*****	*****	2	4.5	7.0	(19) MG/L	2	MONTHLY	G
080082 1 EFFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
TSS, EFFLUENT, GRAB	Sample Measurement	*****	*****	*****	1.1	3.0	6.0	(19) MG/L	14	MONTHLY	G
000530 1 EFFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	*****	149.4	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
COLIFORM, FECAL	Sample Measurement	*****	*****	*****	1.0	1.0	1.0	(13) #/100ML	14	MONTHLY	G
031616 1 EFFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	REPORT WEEKLY AVG	REPORT MONTHLY AVG	REPORT DAILY MAX	#/100mL		SEE PERMIT	SEE PERMIT

I certify under penalty of law, that I have personally examined and am familiar with the information submitted herein; based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Eric Glidden, Utility Manager	<i>Eric Glidden</i>	(239) 283-6078	5/20/10

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary)

PERMITTEE NAME: USEPPA ISLAND CLUB
MAILING ADDRESS: P.O. Box 640
Bokeelia, FL 33922

PERMIT NUMBER: DO36177473
MONITORING PERIOD-From: 04/01/10 TO 04/30/10
LIMIT: FINAL
CLASS SIZE: MINOR GROUP: DOMESTIC
FACILITY ID: 5236P00081 GMS TESTICIDE ID NO.:
WAFR SYSTEM ID NO.:
PLANT SIZE/TREATMENT TYPE: C/Class1 *** NO DISCHARGE [X] ***
TYPE OF EFFLUENT DISPOSAL: Perc Ponds

FACILITY: Useppa Island Utility Co. WWTP
LOCATION: P.O. Box 640
Bokeelia, FL 33922

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
STORET CODE											
ph	Sample Measurement	*****	*****	*****	7.1	7.63	8.0	(12) SU	27	DAILY-5/WK	GRAB
000400 1 MINIMUM	Permit Requirement	*****	*****	*****	6.0 MINIMUM	*****	8.5 DAILY MAX	#/100mL		SEE PERMIT	GRAB
CHLORINE, TOTAL RESIDUAL	Sample Measurement	*****	*****	*****	1.0	4.71	9.4	(19) MG/L	27	DAILY-5/WK	GRAB
050060 1 EFFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	.5 MINIMUM	*****	*****	mg/L		SEE PERMIT	SEE PERMIT
NITRATE (as N) (IF REQ. IN THE PERMIT)	Sample Measurement	*****	*****	*****	0.02	0.03	0.04	(19) MG/L	2	MONTHLY	GRAB
000620 1 EFFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	*****	*****	12.0 MAXIMUM	mg/L		ANNUAL	SEE PERMIT
NITROGEN, TOTAL (as N) (IF REQ. IN THE PERMIT)	Sample Measurement	*****	*****	*****	*****	*****	*****	(12) SU	0	N/A	N/A
000600 1 EFFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	*****	*****	REPORT DAILY AMX	#/100mL		SEE PERMIT	SEE PERMIT
CBOD5, EFFLUENT	Sample Measurement	*****	*****	*****		*****	*****	*****	0		
080082 Y ANNUAL AVERAGE	Permit Requirement	*****	*****	*****	REPORT ANNUAL AVG	*****	*****	*****		SEE PERMIT	SEE PERMIT
TSS, EFFLUENT	Sample Measurement	*****	*****	*****		*****	*****	*****	0		
000530 Y ANNUAL AVERAGE	Permit Requirement	*****	*****	*****	REPORT ANNUAL AVG	*****	*****	*****		SEE PERMIT	SEE PERMIT

I certify under penalty of law, that I have personally examined and am familiar with the information submitted herein; based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Eric Glidden, Utility Manager	<i>Eric Glidden</i>	(239)283-6078	5/20/10

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary)

DAILY SAMPLE RESULTS - PART B

Permit Number: DO36177473
 Month/Year: April 2010

Three-month Average Daily Flow:
 (TMADF/Permitted Capacity)x100:

	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	CL2 (For Disinfect. (mg/L)	Nitrate (mg/L)	Time of Sample	Type of Sample (C/G)
Code	50050.00	80082	00530	80082	00530	00008	00400	74055	50060	00620		
Non. Site												
01	0.0280				1.7		8.0	1.0	4.2		8:30	G
02	0.0284				2.1		7.5	1.0	3.5		8:30	G
03	0.0280						7.6		1.6			
04	0.0280											
05	0.0150						7.8		6.6			
06	0.0164	192.0	269.0	7.0	5.1		7.8	1.0	6.4	0.02	8:30	G
07	0.0161						7.5		4.8			
08	0.0162				6.0		7.4	1.0	4.3		8:45	G
09	0.0157				5.2		7.8	1.0	6.2		8:45	G
10	0.0149						7.9		9.4			
11	0.0164						7.7		8.1			
12	0.0134						7.4		7.2			
13	0.0146				4.2		7.8	1.0	8.5		8:15	G
14	0.0114						7.7		6.0			
15	0.0108	150.0	404.0	2.0	1.5		7.8	1.0	9.4	0.04	8:45	G
16	0.0114				1.1		7.9	1.0	8.5		8:00	G
17	0.0114											
18	0.0130						7.3		2.4			
19	0.0080						7.6		4.5			
20	0.0156				1.2		7.1	1.0	3.3		8:00	G
21	0.0045						7.2		3.2			
22	0.0111				1.6		7.3	1.0	2.7		8:00	G
23	0.0208				1.4		7.7	1.0	1.6		8:00	G
24	0.0132						7.7		2.6			
25	0.0133											
26	0.0184						7.6		3.5			
27	0.0147				3.3		8.0	1.0	4.2		8:00	G
28	0.0130						7.7		1.5			
29	0.0063				2.4		7.4	1.0	1.0		8:30	G
30	0.0225				4.5		7.8	1.0	2.0		8:40	G
31												

PLANT STAFFING:

Day Shift Operator
 Evening Shift Operator
 Night Shift Operator
 Lead Shift Operator

Class: _____
 Class: _____
 Class: _____
 Class: C

Certificate No.: _____
 Certificate No.: _____
 Certificate No.: _____
 Certificate No.: 0012789

Name: _____
 Name: _____
 Name: _____
 Name: ERIC GLIDDEN

Type of Effluent

Type of effluent Disposal or Reclaimed Water Reuse: PERC PONDS

Limited Wet Weather Discharge Activiated: Yes No Not Applicable: X If yes, cumulative days of wet weather discharge:

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

332-6969

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: USEPPA ISLAND CLUB
MAILING ADDRESS: P.O. Box 640
Bokeelia, FL 33922

PERMIT NUMBER: DO36177473
MONITORING PERIOD--From: 05/01/10 TO 05/31/10

LIMIT: FINAL

CLASS SIZE: MINOR

GROUP: DOMESTIC

FACILITY ID: 5236P00081

GMS TESTICIDE ID NO.:

WAFR SYSTEM ID NO.:

FACILITY: Useppa Island Utility Co. WWTP
LOCATION: P.O. Box 640
Bokeelia, FL 33922

PLANT SIZE/TREATMENT TYPE:

C/Class1

*** NO DISCHARGE [X] ***

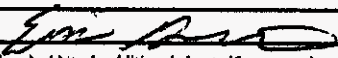
TYPE OF EFFLUENT DISPOSAL:

Perc Ponds

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
STORET CODE											
FLOW	Sample Measurement	0.0098	0.0186	(03) MGD	*****	*****	*****	*****	31	DAILY-5/WK	FLOW METER
050050 1 MONTHLY AVERAGE DAILY CBOD5, INFLUENT	Permit Requirement	REPORT MONTHLY AVG	PERMIT CAP .250	MGD	*****	*****	*****	*****		DAILY	FLOW METER
080082 G INFLUENT GROSS VALUE	Sample Measurement	*****	*****	*****		207		(19) MG/L	1	MONTHLY	G
	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
TSS, INFLUENT	Sample Measurement	*****	*****	*****		165		(19) MG/L	1	MONTHLY	G
00530 G INFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
CBOD5, EFFLUENT	Sample Measurement	*****	*****	*****		2.0		(19) MG/L	1	MONTHLY	G
080082 1 EFFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
TSS, EFFLUENT, GRAB	Sample Measurement	*****	*****	*****	0.6	1.4	2.8	(19) MG/L	12	MONTHLY	G
00530 1 EFFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	*****	149.4	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
COLIFORM, FECAL	Sample Measurement	*****	*****	*****	1.0	1.1	2.0	(13) #/100ML	12	MONTHLY	G
031616 1 EFFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	REPORT WEEKLY AVG	REPORT MONTHLY AVG	REPORT DAILY MAX	#/100mL		SEE PERMIT	SEE PERMIT

I certify under penalty of law, that I have personally examined and am familiar with the information submitted herein; based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Eric Glidden, Utility Manager		(239) 283-6078	6/26/10

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary)

PERMITTEE NAME: USEPPA ISLAND CLUB
 MAILING ADDRESS: P.O. Box 640
 Bokeelia, FL 33922

 FACILITY: Useppa Island Utility Co. WWTP
 LOCATION: P.O. Box 640
 Bokeelia, FL 33922

PERMIT NUMBER: DO36177473
 MONITORING PERIOD—From: 05/01/10 TO 05/31/10
 LIMIT: FINAL
 CLASS SIZE: MINOR
 FACILITY ID: 5236P00081
 GROUP: DOMESTIC
 GMS TESTICIDE ID NO.:
 WAFR SYSTEM ID NO.:
 PLANT SIZE/TREATMENT TYPE: C/Class I *** NO DISCHARGE [X] ***
 TYPE OF EFFLUENT DISPOSAL: Perc Ponds

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
STORET CODE											
ph	Sample Measurement	*****	*****	*****		7.54		(12) SU	26	DAILY-5/WK	GRAB
000400 1 MINIMUM	Permit Requirement	*****	*****	*****	6.0 MINIMUM	*****	8.5 DAILY MAX	#/100mL		SEE PERMIT	GRAB
CHLORINE, TOTAL RESIDUAL	Sample Measurement	*****	*****	*****	0.8	3.95	11	(19) MG/L	26	DAILY-5/WK	GRAB
050060 1 EFFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	5 MINIMUM	*****	*****	mg/L		SEE PERMIT	SEE PERMIT
NITRATE (as N) (IF REQ. IN THE PERMIT)	Sample Measurement	*****	*****	*****	*****	0.17		(19) MG/L	1	MONTHLY	GRAB
000620 1 EFFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	*****	*****	120 MAXIMUM	mg/L		ANNUAL	SEE PERMIT
NITROGEN, TOTAL (as N) (IF REQ. IN THE PERMIT)	Sample Measurement	*****	*****	*****	*****	*****	*****	(12) SU	0	N/A	N/A
000600 1 EFFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	*****	*****	REPORT DAILY AMX	#/100mL		SEE PERMIT	SEE PERMIT
CBOD5, EFFLUENT	Sample Measurement	*****	*****	*****		*****	*****	*****	0		
080082 Y ANNUAL AVERAGE	Permit Requirement	*****	*****	*****	REPORT ANNUAL AVG	*****	*****	*****		SEE PERMIT	SEE PERMIT
TSS, EFFLUENT	Sample Measurement	*****	*****	*****		*****	*****	*****	0		
000530 Y ANNUAL AVERAGE	Permit Requirement	*****	*****	*****	REPORT ANNUAL AVG	*****	*****	*****		SEE PERMIT	SEE PERMIT

I certify under penalty of law, that I have personally examined and am familiar with the information submitted herein; based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Eric Glidden, Utility Manager		(239)283-6078	6/26/10

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary)

DAILY SAMPLE RESULTS - PART B

Permit Number: DO36177473
 Month/Year: May 2010

Three-month Average Daily Flow:
 (TMADF/Permitted Capacity)x100:

	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	CL2 (For Disinfect. (mg/L)	Nitrate (mg/L)	Time of Sample	Type of Sample (C/G)
Code	50050.00	80082	00530	80082	00530	00008	00400	74055	50060	00620		
Non. Site												
01	0.0096						7.7		1.8			
02	0.0097											
03	0.0091						7.9		5.4			
04	0.0109				1.2		7.9	1.0	4.4		8:35	G
05	0.0070						7.8		5.4			
06	0.0088				1.4		8.1	1.0	3.7		8:30	G
07	0.0109				1.4		7.8	2.0	2.2		8:30	G
08	0.0111						8.0		1.9			
09	0.0112											
10	0.0084						7.4		3.7			
11	0.0096				2.6		7.7	1.0	4.5		8:45	G
12	0.0050						7.7		4.2			
13	0.0043	207.0	165.0	2.0	2.4		7.6	1.0	3.5	0.17	8:30	G
14	0.0108				2.8		7.2	1.0	1.1		8:30	G
15	0.0145						7.1		1.4			
16	0.0145											
17	0.0094						7.3		0.8			
18	0.0039				2.0		7.4	1.0	1.2		8:30	G
19	0.0067						7.5		10.5			
20	0.0118				0.7		7.5	1.0	4.0		8:45	G
21	0.0119				0.6		7.3	1.0	3.8		8:30	G
22	0.0077						7.4		3.2			
23	0.0078											
24	0.0053						7.3		2.0			
25	0.0045				0.7		7.2	1.0	0.9		8:35	G
26	0.0051						7.4		11.0			
27	0.0066				0.6		7.6	1.0	11.0		8:15	G
28	0.0178				0.8		7.4	1.0	6.9		8:20	G
29	0.0150						7.4		1.9			
30	0.0150											
31	0.0186						7.4		2.2			

PLANT STAFFING:

Day Shift Operator	Class: _____	Certificate No.: _____	Name: _____
Evening Shift Operator	Class: _____	Certificate No.: _____	Name: _____
Night Shift Operator	Class: _____	Certificate No.: _____	Name: _____
Lead Shift Operator	Class: <u>C</u>	Certificate No.: <u>0012789</u>	Name: <u>ERIC GLIDDEN</u>

Type of Effluent

Type of effluent Disposal or Reclaimed Water Reuse: PERC PONDS

Limited Wet Weather Discharge Activiated: Yes: No: Not Applicable: X If yes, cumulative days of wet weather discharge:

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

5/17/10 Stenmor Tube broken cl2 low



DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A
FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: USEPPA ISLAND CLUB
 MAILING ADDRESS: P.O. Box 640
 Bokeelia, FL 33922

PERMIT NUMBER: DO36177473
 MONITORING PERIOD-From: 06/01/10 TO 06/30/10

LIMIT: FINAL
 CLASS SIZE: MINOR
 FACILITY ID: 5236P00081

GROUP: DOMESTIC
 GMS TESTICIDE ID NO.:
 WAFR SYSTEM ID NO.:

FACILITY: Useppa Island Utility Co. WWTP
 LOCATION: P.O. Box 640
 Bokeelia, FL 33922


PLANT SIZE/TREATMENT TYPE: C/Class1
 TYPE OF EFFLUENT DISPOSAL: Perc Ponds *** NO DISCHARGE [X] ***

Please read instructions before completing this form.

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
STORET CODE		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW	Sample Measurement	0.0092	0.0154	(03) MGD	*****	*****	*****	*****	30	DAILY-5/WK	FLOW METER
050050 1 MONTHLY AVERAGE DAILY	Permit Requirement	REPORT MONTHLY AVG	PERMIT CAP .250	MGD	*****	*****	*****	*****		DAILY	FLOW METER
CBOD5, INFLUENT	Sample Measurement	*****	*****	*****		101		(19) MG/L	1	MONTHLY	G
080082 G INFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
TSS, INFLUENT	Sample Measurement	*****	*****	*****		138		(19) MG/L	1	MONTHLY	G
00530 G INFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
CBOD5, EFFLUENT	Sample Measurement	*****	*****	*****		2.0		(19) MG/L	1	MONTHLY	G
080082 1 EFFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
TSS, EFFLUENT, GRAB	Sample Measurement	*****	*****	*****	0.6	0.9	1.7	(19) MG/L	14	MONTHLY	G
000530 1 EFFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	*****	149.4	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
COLIFORM, FECAL	Sample Measurement	*****	*****	*****	1.0	1.0	1.0	(13) #/100ML	14	MONTHLY	G
031616 1 EFFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	REPORT WEEKLY AVG	REPORT MONTHLY AVG	REPORT DAILY MAX	#/100mL		SEE PERMIT	SEE PERMIT

I certify under penalty of law, that I have personally examined and am familiar with the information submitted herein; based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Eric Glidden, Utility Manager		(239) 283-6078	7/6/10

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary)

PERMITTEE NAME: USEPPA ISLAND CLUB
 MAILING ADDRESS: P.O. Box 640
 Bokeria, FL 33922

PERMIT NUMBER: DO36177473
 MONITORING PERIOD--From: 06/01/10 TO 06/30/10
 LIMIT: FINAL
 CLASS SIZE: MINOR GROUP: DOMESTIC
 FACILITY ID: 5236P00081 GMS TESTICIDE ID NO.:
 WAFR SYSTEM ID NO.:
 PLANT SIZE/TREATMENT TYPE: C/Class1 *** NO DISCHARGE [X] ***
 TYPE OF EFFLUENT DISPOSAL: Perc Ponds

FACILITY: Useppa Island Utility Co. WWTP
 LOCATION: P.O. Box 640
 Bokeria, FL 33922

Please read instructions before completing this form.

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No.	Frequency	Sample
STORET CODE		Average	Maximum	Units	Minimum	Average	Maximum	Units	Ex.	of Analysis	Type
ph	Sample Measurement	*****	*****	*****	7.1	7.33	7.6	(12) SU	26	DAILY-5/WK	GRAB
000400 1 MINIMUM	Permit Requirement	*****	*****	*****	6.0 MINIMUM	*****	8.5 DAILY MAX	#/100mL		SEE PERMIT	GRAB
CHLORINE, TOTAL RESIDUAL	Sample Measurement	*****	*****	*****	1.0	4.74	11	(19) MG/L	26	DAILY-5/WK	GRAB
050060 1 EFFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	.5 MINIMUM	*****	*****	mg/L		SEE PERMIT	SEE PERMIT
NITRATE (as N) (IF REQ. IN THE PERMIT)	Sample Measurement	*****	*****	*****		0.31		(19) MG/L	1	MONTHLY	GRAB
000620 1 EFFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	*****	*****	12.0 MAXIMUM	mg/L		ANNUAL	SEE PERMIT
NITROGEN, TOTAL (as N) (IF REQ. IN THE PERMIT)	Sample Measurement	*****	*****	*****	*****	*****	*****	(12) SU	0	N/A	N/A
000600 1 EFFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	*****	*****	REPORT DAILY AMX	#/100mL		SEE PERMIT	SEE PERMIT
CBOD5, EFFLUENT	Sample Measurement	*****	*****	*****		*****	*****	*****	0		
080082 Y ANNUAL AVERAGE	Permit Requirement	*****	*****	*****	REPORT ANNUAL AVG	*****	*****	*****		SEE PERMIT	SEE PERMIT
TSS, EFFLUENT	Sample Measurement	*****	*****	*****		*****	*****	*****	0		
000530 Y ANNUAL AVERAGE	Permit Requirement	*****	*****	*****	REPORT ANNUAL AVG	*****	*****	*****		SEE PERMIT	SEE PERMIT

I certify under penalty of law, that I have personally examined and am familiar with the information submitted herein; based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Eric Glidden, Utility Manager	<i>Eric Glidden</i>	(239)283-6078	7/20/10

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary)

DAILY SAMPLE RESULTS - PART B

Permit Number: DO36177473
 Month/Year: June 2010

Three-month Average Daily Flow:
 (TMADF/Permitted Capacity)x100:

	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	CL2 (For Disinfect. (mg/L)	Nitrate (mg/L)	Time of Sample	Type of Sample (C/G)
Code	50050.00	80082	00530	80082	00530	00008	00400	74055	50060	00620		
Non. Site												
01	0.0131				2.1		7.6	1.0	2.4		8:15	G
02	0.0066						7.3		2.8			
03	0.0084				1.4		7.1	1.0	4.2		9:00	G
04	0.0114				1.1		7.6	1.0	5.5		8:25	G
05	0.0114											
06	0.0051						7.5		1.5			
07	0.0077						7.6		1.8			
08	0.0101	101.0	138.0	2.0	0.6		7.3	1.0	1.7	0.31	8:30	G
09	0.0031						7.3		1.4			
10	0.0121				1.7		7.5	1.0	11.0		8:00	
11	0.0154				0.9		7.2	1.0	11.0		8:15	
12	0.0092						7.3		3.8			
13	0.0092											
14	0.0060						7.1		1.6			
15	0.0108				0.6		7.2	1.0	5.5		8:30	G
16	0.0060						7.2		1.1			
17	0.0081				0.6		7.2	1.0	4.0		8:00	G
18	0.0142				0.6		7.3	1.0	3.5		8:30	G
19	0.0083						7.3		1.9			
20	0.0083										8:00	G
21	0.0089						7.2		5.2			
22	0.0098				0.7		7.2	1.0	6.6		8:15	G
23	0.0048						7.2		1.8			
24	0.0065				0.6		7.6	1.0	11.0		8:15	G
25	0.0150				0.6		7.5	1.0	11.0		8:00	G
26	0.0120						7.5		1.0			
27	0.0120											
28	0.0090						7.2		7.0			
29	0.0067				0.6		7.1	1.0	7.8		7:50	G
30	0.0058				0.8		7.4	1.0	7.1		8:15	G
31												

PLANT STAFFING:

Day Shift Operator	Class: _____	Certificate No.: _____	Name: _____
Evening Shift Operator	Class: _____	Certificate No.: _____	Name: _____
Night Shift Operator	Class: _____	Certificate No.: _____	Name: _____
Lead Shift Operator	Class: <u>C</u>	Certificate No.: <u>0012789</u>	Name: <u>ERIC GLIDDEN</u>

Type of Effluent

Type of effluent Disposal or Reclaimed Water Reuse: PERC PONDS

Limited Wet Weather Discharge Activiated: Yes: No: Not Applicable: X If yes, cumulative days of wet weather discharge:

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

Flow meter clogged 6/26 + 6/27 + 6/28 estimated flow entered in DMR

& New flow meter installed 7/1/10



DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A
FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: Uappa Island Utility Company
 MAILING ADDRESS: P.O. Box 640
 Bokeelia, FL 33922

PERMIT NUMBER: DO36177473

MONITORING PERIOD-From: 07/01/10 TO 07/31/10

LIMIT: FINAL

CLASS SIZE: MINOR

GROUP: DOMESTIC

FACILITY ID: 5236P00081

GMS TESTICIDE ID NO.:

WAFR SYSTEM ID NO.:

FACILITY:

LOCATION:

PLANT SIZE/TREATMENT TYPE:

C/Class1

*** NO DISCHARGE [X] ***

TYPE OF EFFLUENT DISPOSAL:

Perc Ponds

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
STORET CODE											
FLOW	Sample Measurement	0.0083	0.0124	(03) MGD	*****	*****	*****	*****	31	DAILY-5/WK	FLOW METER
050050 1 MONTHLY AVERAGE DAILY	Permit Requirement	REPORT MONTHLY AVG	PERMIT CAP .250	MGD	*****	*****	*****	*****		DAILY	FLOW METER
CBOD5, INFLUENT	Sample Measurement	*****	*****	*****		92		(19) MG/L	1	MONTHLY	G
080082 G INFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
TSS, INFLUENT	Sample Measurement	*****	*****	*****		92		(19) MG/L	1	MONTHLY	G
00530 G INFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
CBOD5, EFFLUENT	Sample Measurement	*****	*****	*****		2.0		(19) MG/L	1	MONTHLY	G
080082 1 EFFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
TSS, EFFLUENT, GRAB	Sample Measurement	*****	*****	*****	0.6	1.03	2.4	(19) MG/L	13	MONTHLY	G
000530 1 EFFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	*****	149.4	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
COLIFORM, FECAL	Sample Measurement	*****	*****	*****	1.0	1.0	1.0	(13) #/100ML	13	MONTHLY	G
031616 1 EFFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	REPORT WEEKLY AVG	REPORT MONTHLY AVG	REPORT DAILY MAX	#/100mL		SEE PERMIT	SEE PERMIT

I certify under penalty of law, that I have personally examined and am familiar with the information submitted herein; based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Eric Glidden, Utility Manager	<i>Eric Glidden</i>	(239) 283-6078	7/28/10

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary)

PERMITTEE NAME: USEPPA ISLAND CLUB
 MAILING ADDRESS: P.O. Box 640
 Bokeelia, FL 33922

PERMIT NUMBER: DO36177473

MONITORING PERIOD--From: 07/01/10 TO 07/31/10

LIMIT: FINAL

CLASS SIZE: MINOR

GROUP: DOMESTIC

FACILITY ID: 5236P00081

GMS TESTICIDE ID NO.:

WAFR SYSTEM ID NO.:

FACILITY:

LOCATION:

PLANT SIZE/TREATMENT TYPE:

C/Class1

*** NO DISCHARGE [X] ***

TYPE OF EFFLUENT DISPOSAL:

Perc Ponds

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
STORET CODE											
ph	Sample Measurement	*****	*****	*****	7.1	7.64	8.2	(12) SU	27	DAILY--5/WK	GRAB
000400 1 MINIMUM	Permit Requirement	*****	*****	*****	6.0 MINIMUM	*****	8.5 DAILY MAX	#/100mL		SEE PERMIT	GRAB
CHLORINE, TOTAL RESIDUAL	Sample Measurement	*****	*****	*****	0.9	4.34	11	(19) MG/L	27	DAILY--5/WK	GRAB
050060 1 EFFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	.5 MINIMUM	*****	*****	mg/L		SEE PERMIT	SEE PERMIT
NITRATE (as N) (IF REQ. IN THE PERMIT)	Sample Measurement	*****	*****	*****	*****	3.85		(19) MG/L	1	MONTHLY	GRAB
000620 1 EFFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	*****	*****	12.0 MAXIMUM	mg/L		ANNUAL	SEE PERMIT
NITROGEN, TOTAL (as N) (IF REQ. IN THE PERMIT)	Sample Measurement	*****	*****	*****	*****	*****	*****	(12) SU	0	N/A	N/A
000600 1 EFFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	*****	*****	REPORT DAILY MAX	#/100mL		SEE PERMIT	SEE PERMIT
CBOD5, EFFLUENT	Sample Measurement	*****	*****	*****		*****	*****	*****	0		
080082 Y ANNUAL AVERAGE	Permit Requirement	*****	*****	*****	REPORT ANNUAL AVG	*****	*****	*****		SEE PERMIT	SEE PERMIT
TSS, EFFLUENT	Sample Measurement	*****	*****	*****		*****	*****	*****	0		
000530 Y ANNUAL AVERAGE	Permit Requirement	*****	*****	*****	REPORT ANNUAL AVG	*****	*****	*****		SEE PERMIT	SEE PERMIT

I certify under penalty of law, that I have personally examined and am familiar with the information submitted herein, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Eric Glidden, Utility Manager	<i>Eric Glidden</i>	(239)283-6078	8/20/10

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary)

DAILY SAMPLE RESULTS - PART B

Permit Number: DO36177473
 Month/Year: July 2010

Three-month Average Daily Flow:
 (TMADF/Permitted Capacity)x100:

	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	CL2 (For Disinfect. (mg/L)	Nitrate (mg/L)	Time of Sample	Type of Sample (C/G)
Code	50050.00	80082	00530	80082	00530	00008	00400	74055	50060	00620		
Non. Site												
01	0.0079				1.4		7.1	1.0	2.9		8:00	G
02	0.0086						7.4		0.9			
03	0.0117						7.5		2.5			
04	0.0118											
05	0.0124						7.2		2.3			
06	0.0107				0.8		7.1	1.0	2.1		8:15	G
07	0.0079						7.2		2.0			
08	0.0121	92.0	92.0	2.0	0.6		7.2	1.0	4.5	3.85	8:30	G
09	0.0086				0.7		7.7	1.0	1.3		8:30	G
10	0.0113						7.7		1.5			
11	0.0113											
12	0.0067						7.6		4.7			
13	0.0062				0.8		7.5	1.0	4.3		8:00	G
14	0.0055						7.9		1.0			
15	0.0058				0.6		7.8	1.0	7.5		8:20	G
16	0.0075				0.6		7.9	1.0	7.4		8:30	G
17	0.0052						7.6		1.8			
18	0.0051											
19	0.0109						7.9		11.0			
20	0.0059				0.6		7.9	1.0	11.0		8:45	G
21	0.0091						7.8		5.0			
22	0.0064						7.8		0.9			
23	0.0113				1.3		7.5	1.0	3.4		8:00	G
24	0.0097				2.4		7.5	1.0	2.2		10:30	G
25	0.0078											
26	0.0086						7.6		2.0			
27	0.0068				2.1		8.0	1.0	1.1		8:45	G
28	0.0072						8.2		11.0			
29	0.0038				0.9		8.0	1.0	1.0		8:15	G
30	0.0058				0.6		7.8	1.0	11.0		8:30	G
31	0.0083						7.8		11.0			

PLANT STAFFING:

Day Shift Operator	Class: _____	Certificate No.: _____	Name: _____
Evening Shift Operator	Class: _____	Certificate No.: _____	Name: _____
Night Shift Operator	Class: _____	Certificate No.: _____	Name: _____
Lead Shift Operator	Class: <u>C</u>	Certificate No.: <u>0012789</u>	Name: <u>ERIC GLIDDEN</u>

Type of Effluent

Type of effluent Disposal or Reclaimed Water Reuse: PERC PONDS

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

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A
FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: Usppa Island Utility Company
MAILING ADDRESS: P.O. Box 640
Bokeelia, FL 33922

PERMIT NUMBER: DO36177473

MONITORING PERIOD--From: 08/01/10 TO 08/31/10

LIMIT: FINAL

CLASS SIZE: MINOR

GROUP: DOMESTIC

FACILITY ID: 5236P00081

GMS TESTICIDE ID NO.:

WAFR SYSTEM ID NO.:

FACILITY: Useppa Utility
LOCATION: Useppa Island, FL

PLANT SIZE/TREATMENT TYPE:

C/Class1

*** NO DISCHARGE [X] ***

TYPE OF EFFLUENT DISPOSAL:

Pero Ponds

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
STORET CODE											
FLOW	Sample Measurement	0.0102	0.0215	(03) MGD	*****	*****	*****	*****	31	DAILY--5/WK	FLOW METER
050050 1 MONTHLY AVERAGE DAILY	Permit Requirement	REPORT MONTHLY AVG	PERMIT CAP .250	MGD	*****	*****	*****	*****		DAILY	FLOW METER
CBOD5, INFLUENT	Sample Measurement	*****	*****	*****		71		(19) MG/L	1	MONTHLY	G
080082 G INFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
TSS, INFLUENT	Sample Measurement	*****	*****	*****		17		(19) MG/L	1	MONTHLY	G
00530 G INFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
CBOD5, EFFLUENT	Sample Measurement	*****	*****	*****		2.0		(19) MG/L	1	MONTHLY	G
080082 1 EFFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
TSS, EFFLUENT, GRAB	Sample Measurement	*****	*****	*****	0.6	2.50	5.2	(19) MG/L	13	MONTHLY	G
000530 1 EFFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	*****	149.4	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
COLIFORM, FECAL	Sample Measurement	*****	*****	*****	1.0	1.7	10.0	(13) #/100ML	13	MONTHLY	G
031616 1 EFFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	REPORT WEEKLY AVG	REPORT MONTHLY AVG	REPORT DAILY MAX	/#/100mL		SEE PERMIT	SEE PERMIT

I certify under penalty of law, that I have personally examined and am familiar with the information submitted herein; based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Eric Glidden, Utility Manager		(239) 283-6078	9/28/10

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary)

332-6969

PERMITTEE NAME: USEPPA ISLAND CLUB
 MAILING ADDRESS: P.O. Box 640
 Bokeelia, FL 33922

PERMIT NUMBER: DO36177473

MONITORING PERIOD--From: 08/01/10 TO 08/31/10

LIMIT: FINAL

CLASS SIZE: MINOR

GROUP: DOMESTIC

FACILITY ID: 5236P00081

GMS TESTICIDE ID NO.:

WAFR SYSTEM ID NO.:

FACILITY: Useppa Utility
 LOCATION: Useppa Island, FL

PLANT SIZE/TREATMENT TYPE:

C/Class I

*** NO DISCHARGE [X] ***


TYPE OF EFFLUENT DISPOSAL:

Perc Ponds

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
STORET CODE											
ph	Sample Measurement	*****	*****	*****	7.1	7.69	8.2	(12) SU	26	DAILY-5/WK	GRAB
000400 1 MINIMUM	Permit Requirement	*****	*****	*****	6.0 MINIMUM	*****	8.5 DAILY MAX	#/100mL		SEE PERMIT	GRAB
CHLORINE, TOTAL RESIDUAL	Sample Measurement	*****	*****	*****	0.4	4.39	11	(19) MG/L	26	DAILY-5/WK	GRAB
050060 1 EFFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	.5 MINIMUM	*****	*****	mg/L		SEE PERMIT	SEE PERMIT
NITRATE (as N) (IF REQ. IN THE PERMIT)	Sample Measurement	*****	*****	*****	*****	10.17		(19) MG/L	1	MONTHLY	GRAB
000620 1 EFFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	*****	*****	12.0 MAXIMUM	mg/L		ANNUAL	SEE PERMIT
NITROGEN, TOTAL (as N) (IF REQ. IN THE PERMIT)	Sample Measurement	*****	*****	*****	*****	*****	*****	(12) SU	0	N/A	N/A
000600 1 EFFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	*****	*****	REPORT DAILY AMX	#/100mL		SEE PERMIT	SEE PERMIT
CBOD5, EFFLUENT	Sample Measurement	*****	*****	*****		*****	*****	*****	0		
080082 Y ANNUAL AVERAGE	Permit Requirement	*****	*****	*****	REPORT ANNUAL AVG	*****	*****	*****		SEE PERMIT	SEE PERMIT
TSS, EFFLUENT	Sample Measurement	*****	*****	*****		*****	*****	*****	0		
000530 Y ANNUAL AVERAGE	Permit Requirement	*****	*****	*****	REPORT ANNUAL AVG	*****	*****	*****		SEE PERMIT	SEE PERMIT

I certify under penalty of law, that I have personally examined and am familiar with the information submitted herein; based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Eric Glidden, Utility Manager		(239)283-6078	9/28/10

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary)

DAILY SAMPLE RESULTS - PART B

Permit Number: DO36177473
 Month/Year: August 2010

Three-month Average Daily Flow:
 (TMADF/Permitted Capacity)x100:

	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	CL2 (For Disinfect. (mg/L)	Nitrate (mg/L)	Time of Sample	Type of Sample (C/G)
Code	50050.00	80082	00530	80082	00530	00008	00400	74055	50060	00620		
Non. Site												
01	0.0083											
02	0.0066					7.4			4.0			
03	0.0069				3.0	7.6		1.0	1.4		8:30	G
04	0.0069					7.8			1.2			
05	0.0073				2.8	7.6		1.0	0.4		8:50	G
06	0.0117				2.3	7.3		1.0	3.7		8:30	G
07	0.0116											
08	0.0002					7.2			2.0			
09	0.0132					7.1			1.8			
10	0.0113				3.1	7.7		10.0	1.2		8:20	G
11	0.0215					7.5			1.4			
12	0.0173				3.2	7.4		1.0	1.8		8:50	G
13	0.0178				4.0	7.7		1.0	6.8		8:30	G
14	0.0098					7.8			1.2			
15	0.0098											
16	0.0020					7.7			4.3			
17	0.0061				1.6	7.6		1.0	3.1		8:30	G
18	0.0151					7.6			1.9			
19	0.0105				5.2	7.8		1.0	1.2		8:30	G
20	0.0109				2.0	7.7		1.0	2.1		8:50	G
21	0.0107					7.8			1.9			
22	0.0107											
23	0.0096					7.9			11.0			
24	0.0004	71.0	17.0	2.0	1.3	7.9		1.0	11.0	10.80	8:15	G
25	0.0117					7.6			5.6			
26	0.0159				2.4	7.9		1.0	9.2		8:40	G
27	0.0151				1.0	8.0		1.0	6.7		8:10	G
28	0.0152					8.0			7.3			
29	0.0072											
30	0.0087					8.2			11.0			
31	0.0062				0.6	8.2		1.0	11.0		8:40	G

PLANT STAFFING:

Day Shift Operator	Class: _____	Certificate No.: _____	Name: _____
Evening Shift Operator	Class: _____	Certificate No.: _____	Name: _____
Night Shift Operator	Class: _____	Certificate No.: _____	Name: _____
Lead Shift Operator	Class: <u>C</u>	Certificate No.: <u>0012789</u>	Name: <u>ERIC GLIDDEN</u>

Type of Effluent

Type of effluent Disposal or Reclaimed Water Reuse: PERC PONDS

Limited Wet Weather Discharge Activiated: Yes: No: Not Applicable: X If yes, cumulative days of wet weather discharge:

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

See attached

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A
FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: USEPPA ISLAND CLUB
MAILING ADDRESS: P.O. Box 640
Bokeelia, FL 33922

FACILITY: Useppa Island Utility Co. WWTP
LOCATION: P.O. Box 640
Bokeelia, FL 33922

PERMIT NUMBER: DO36177473
MONITORING PERIOD--From: 09/01/10 TO 09/30/10
LIMIT: FINAL
CLASS SIZE: MINOR
FACILITY ID: 5236P00081

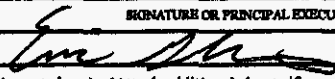
GROUP: DOMESTIC
GMS TESTICIDE ID NO.:
WAFR SYSTEM ID NO.:
PLANT SIZE/TREATMENT TYPE: C/Class1
TYPE OF EFFLUENT DISPOSAL: Perc Ponds

*** NO DISCHARGE [X] ***

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration			No.	Frequency	Sample
STORET CODE		Average	Maximum	Units	Minimum	Average	Maximum	Units	Ex.	Type
FLOW	Sample Measurement	0.0049	0.0133	(05) MGD	*****	*****	*****	*****	30	DAILY--5/WK FLOW METER
050050 1 MONTHLY AVERAGE DAILY	Permit Requirement	REPORT MONTHLY AVG	PERMIT CAP .250	MGD	*****	*****	*****	*****		DAILY FLOW METER
CBOD5, INFLUENT	Sample Measurement	*****	*****	*****		100		(19) MG/L	1	MONTHLY G
080082 G INFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT SEE PERMIT
TSS, INFLUENT	Sample Measurement	*****	*****	*****		567		(19) MG/L	1	MONTHLY G
00530 G INFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT SEE PERMIT
CBOD5, EFFLUENT	Sample Measurement	*****	*****	*****		2.0		(19) MG/L	1	MONTHLY G
080082 1 EFFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT SEE PERMIT
TSS, EFFLUENT, GRAB	Sample Measurement	*****	*****	*****	0.6	3.5	7.8	(19) MG/L	13	MONTHLY G
00530 1 EFFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	*****	149.4	REPORT DAILY MAX	mg/L		SEE PERMIT SEE PERMIT
COLIFORM, FECAL	Sample Measurement	*****	*****	*****	1.0	1.0	1.0	(13) #/100ML	13	MONTHLY G
031616 1 EFFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	REPORT WEEKLY AVG	REPORT MONTHLY AVG	REPORT DAILY MAX	#/100mL		SEE PERMIT SEE PERMIT

I certify under penalty of law, that I have personally examined and am familiar with the information submitted herein, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (Y/M/D)
Eric Glidden, Utility Manager		(239) 283-6078	10/28/10

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary)

332-6969

PERMITTEE NAME: USEPPA ISLAND CLUB
 MAILING ADDRESS: P.O. Box 640
 Bokeelia, FL 33922

PERMIT NUMBER: DO36177473

MONITORING PERIOD--From: 09/01/10 TO 09/30/10

LIMIT: FINAL

CLASS SIZE: MINOR

GROUP: DOMESTIC

FACILITY ID: 5236P00081

GMS TESTICIDE ID NO.:

WAFR SYSTEM ID NO.:

FACILITY: Useppa Island Utility Co. WWTP

LOCATION: P.O. Box 640

Bokeelia, FL 33922

PLANT SIZE/TREATMENT TYPE:

C/Class1

*** NO DISCHARGE [X] ***

TYPE OF EFFLUENT DISPOSAL:

Perc Ponds

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
STORET CODE											
ph	Sample Measurement	*****	*****	*****	7.4	7.71	8.4	(12) SU	27	DAILY-5/WK	GRAB
000400 1 MINIMUM	Permit Requirement	*****	*****	*****	6.0 MINIMUM	*****	8.5 DAILY MAX	#/100mL		SEE PERMIT	GRAB
CHLORINE, TOTAL RESIDUAL	Sample Measurement	*****	*****	*****	1.5	8.1	11	(19) MG/L	27	DAILY-5/WK	GRAB
050060 1 EFFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	1 MINIMUM	*****	*****	mg/L		SEE PERMIT	SEE PERMIT
NITRATE (as N) (IF REQ. IN THE PERMIT)	Sample Measurement	*****	*****	*****	10.2	14.5	19.00	(19) MG/L	3	MONTHLY	GRAB
000620 1 EFFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	*****	*****	12.0 MAXIMUM	mg/L		ANNUAL	SEE PERMIT
NITROGEN, TOTAL (as N) (IF REQ. IN THE PERMIT)	Sample Measurement	*****	*****	*****	*****	*****	*****	(12) SU	0	N/A	N/A
000600 1 EFFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	*****	*****	REPORT DAILY AMX	#/100mL		SEE PERMIT	SEE PERMIT
CBOD5, EFFLUENT	Sample Measurement	*****	*****	*****		*****	*****	*****	0		
080082 Y ANNUAL AVERAGE	Permit Requirement	*****	*****	*****	REPORT ANNUAL AVG	*****	*****	*****		SEE PERMIT	SEE PERMIT
TSS, EFFLUENT	Sample Measurement	*****	*****	*****		*****	*****	*****	0		
000530 Y ANNUAL AVERAGE	Permit Requirement	*****	*****	*****	REPORT ANNUAL AVG	*****	*****	*****		SEE PERMIT	SEE PERMIT

I certify under penalty of law, that I have personally examined and am familiar with the information submitted herein; based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Eric Glidden, Utility Manager		(239)283-6078	10/28/10

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary)

DAILY SAMPLE RESULTS - PART B

Permit Number:
Month/Year:

DO36177473
September 2010

Three-month Average Daily Flow:
(TMADF/Permitted Capacity)x100:

	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	CL2 (For Disinfect. (mg/L)	Nitrate (mg/L)	Time of Sample	Type of Sample (C/G)
Code	50050.00	80082	00530	80082	00530	00008	00400	74055	50060	00620		
Non. Site												
01	0.0049						8.0		11.0			
02	0.0074				0.6		7.9	1.0	11.0		8:30	G
03	0.0100				0.6		8.0	1.0	11.0		8:30	G
04	0.0079						7.5		2.5			
05	0.0080											
06	0.0133						7.6		5.4			
07	0.0077	100.0	567.0	2.0	7.0		7.3	1.0	9.8	19.00	8:00	G
08	0.0086						7.8		3.0			
09	0.0041				1.1		7.8	1.0	11.0		8:40	G
10	0.0043				0.6		8.0	1.0	11.0		8:40	G
11	0.0057						7.8		8.0			
12	0.0026											
13	0.0019						7.5		11.0			
14	0.0035				1.2		8.0	1.0	11.0		8:30	G
15	0.0031						8.0		11.0			
16	0.0012				7.0		7.6	1.0	3.0		8:30	G
17	0.0067				7.8		7.2	1.0	9.1		8:20	G
18	0.0047						7.9		11.0			
19	0.0028											
20	0.0020				1.7		8.2	1.0	11.0	10.20	8:00	G
21	0.0026				1.6		8.4	1.0	11.0		8:10	G
22	0.0013						8.2		9.2			
23	0.0030				5.4		8.0	1.0	2.2		8:30	G
24	0.0046						8.1		2.0			
25	0.0033						7.4		2.9			
26	0.0036						7.1		6.6			
27	0.0026						7.2		11.0			
28	0.0064				3.2		7.4	1.0	10.6			G
29	0.0062						7.2		11.0		8:30	
30	0.0037				7.5		7.1	1.0	1.5	14.40	8:30	G
31												

PLANT STAFFING:

Day Shift Operator

Class: _____

Certificate No.: _____

Name: _____

Evening Shift Operator

Class: _____

Certificate No.: _____

Name: _____

Night Shift Operator

Class: _____

Certificate No.: _____

Name: _____

Lead Shift Operator

Class: C

Certificate No.: 0012789

Name: ERIC GLIDDEN

Type of Effluent

Type of effluent Disposal or Reclaimed Water Reuse:

PERC PONDS

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

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

nitrate levels high due to high solids. Had to keep blowers on
95 I slowly reduced solids. nitrates under control now

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A
FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: Usppa Island Utility Company
 MAILING ADDRESS: P.O. Box 640
 Bokeelia, FL 33922

PERMIT NUMBER: DO36177473
 MONITORING PERIOD--From: 10/01/10 TO 10/31/10
 LIMIT: FINAL

CLASS SIZE: MINOR GROUP: DOMESTIC
 FACILITY ID: 5236P00081 GMS TESTICIDE ID NO.:

FACILITY: Useppa Utility
 LOCATION: Useppa Island, FL

PLANT SIZE/TREATMENT TYPE: C/Class1 *** NO DISCHARGE [X] ***
 TYPE OF EFFLUENT DISPOSAL: Perc Ponds

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type	
		Average	Maximum	Units	Minimum	Average	Maximum				Units
STORET CODE											
FLOW	Sample Measurement	0.0057	0.0134	(03) MGD	*****	*****	*****	*****	31	DAILY--5/WK	FLOW METER
050050 1 MONTHLY AVERAGE DAILY	Permit Requirement	REPORT MONTHLY AVG	PERMIT CAP 250	MGD	*****	*****	*****	*****		DAILY	FLOW METER
CBOD5, INFLUENT	Sample Measurement	*****	*****	*****		213		(19) MG/L	1	MONTHLY	G
080082 G INFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
TSS, INFLUENT	Sample Measurement	*****	*****	*****		153		(19) MG/L	1	MONTHLY	G
00530 G INFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
CBOD5, EFFLUENT	Sample Measurement	*****	*****	*****	2	2.0	2.0	(19) MG/L	2	MONTHLY	G
080082 1 EFFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
TSS, EFFLUENT, GRAB	Sample Measurement	*****	*****	*****	0.6	1.85	5.4	(19) MG/L	13	MONTHLY	G
000530 1 EFFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	*****	149.4	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
COLIFORM, FECAL	Sample Measurement	*****	*****	*****	1.0	7.1	79.0	(13) #/100ML	13	MONTHLY	G
031616 1 EFFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	REPORT WEEKLY AVG	REPORT MONTHLY AVG	REPORT DAILY MAX	#/100mL		SEE PERMIT	SEE PERMIT

I certify under penalty of law, that I have personally examined and am familiar with the information submitted herein; based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Eric Glidden, Utility Manager		(239) 283-6078	11/22/10

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary)

PERMITTEE NAME: USEPPA ISLAND CLUB
MAILING ADDRESS: P.O. Box 640
Bokeelia, FL 33922

PERMIT NUMBER: DO36177473

MONITORING PERIOD--From:

LIMIT: FINAL

CLASS SIZE: MINOR

FACILITY ID: 5236P00081

08/01/10 TO 08/31/10
10/1/11 10/31/11

GROUP: DOMESTIC

GMS TESTICIDE ID NO.:

WAFR SYSTEM ID NO.:

FACILITY: Useppa Utility

LOCATION: Useppa Island, FL

PLANT SIZE/TREATMENT TYPE:

TYPE OF EFFLUENT DISPOSAL:

C/Class I

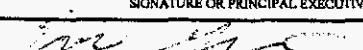
*** NO DISCHARGE [X] ***

Perc Ponds

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No.	Frequency	Sample
STORET CODE		Average	Maximum	Units	Minimum	Average	Maximum	Units	Ex.	of Analysis	Type
ph	Sample Measurement	*****	*****	*****	7.2	7.63	8.2	(12) SU	26	DAILY-5/WK	GRAB
000400 1 MINIMUM	Permit Requirement	*****	*****	*****	6.0 MINIMUM	*****	8.5 DAILY MAX	#/100mL		SEE PERMIT	GRAB
CHLORINE, TOTAL RESIDUAL	Sample Measurement	*****	*****	*****	1.1	7.78	11	(19) MG/L	26	DAILY-5/WK	GRAB
050060 1 EFFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	.5 MINIMUM	*****	*****	mg/L		SEE PERMIT	SEE PERMIT
NITRATE (as N) (IF REQ. IN THE PERMIT)	Sample Measurement	*****	*****	*****	6.51	6.525	6.54	(19) MG/L	1	MONTHLY	GRAB
000620 1 EFFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	*****	*****	12.0 MAXIMUM	mg/L		ANNUAL	SEE PERMIT
NITROGEN, TOTAL (as N) (IF REQ. IN THE PERMIT)	Sample Measurement	*****	*****	*****	*****	*****	*****	(12) SU	0	N/A	N/A
000600 1 EFFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	*****	*****	REPORT DAILY AMX	#/100mL		SEE PERMIT	SEE PERMIT
CBOD5, EFFLUENT	Sample Measurement	*****	*****	*****		*****	*****	*****	0		
080082 Y ANNUAL AVERAGE	Permit Requirement	*****	*****	*****	REPORT ANNUAL AVG	*****	*****	*****		SEE PERMIT	SEE PERMIT
TSS, EFFLUENT	Sample Measurement	*****	*****	*****		*****	*****	*****	0		
000530 Y ANNUAL AVERAGE	Permit Requirement	*****	*****	*****	REPORT ANNUAL AVG	*****	*****	*****		SEE PERMIT	SEE PERMIT

I certify under penalty of law, that I have personally examined and am familiar with the information submitted herein; based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Eric Glidden, Utility Manager		(239)283-6078	11/27/10

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary)

DAILY SAMPLE RESULTS - PART B

Permit Number: DO36177473
 Month/Year: October 2010

Three-month Average Daily Flow:
 (TMADF/Permitted Capacity)x100:

	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	CL2 (For Disinfect. (mg/L)	Nitrate (mg/L)	Time of Sample	Type of Sample (C/G)
Code	50050.00	80082	00530	80082	00530	00008	00400	74055	50060	00620		
Non. Site												
01	0.0051				3.3		7.8	1.0	11.0		8:30	G
02	0.0058						7.5		11.0			
03	0.0059											
04	0.0030						7.5		11.0			
05	0.0031				5.4		7.6	1.0	11.0		8:30	G
06	0.0003						8.1		11.0			
07	0.0039				1.3		8.0	1.0	11.0		8:30	G
08	0.0024				1.2		7.7	1.0	11.0		8:30	G
09	0.0058						7.8		11.0			
10	0.0058											
11	0.0037						7.5		11.0			
12	0.0079				4.5		7.7	1.0	9.0		8:30	G
13	0.0042						7.5		1.1			
14	0.0045				0.8		7.9	1.0	11.0		8:30	G
15	0.0052				2.8		8.0	1.0	11.0		8:30	G
16	0.0083						7.9		11.0			
17	0.0083											
18	0.0044						7.7		6.1			
19	0.0055			2.0	0.6		7.6	1.0	7.3	6.51	8:20	G
20	0.0034						7.9		10.9			
21	0.0039				1.1		7.6	1.0	3.0		8:30	G
22	0.0134	213.0	153.0	2.0	1.2		7.6	79.0	1.9	6.54	8:00	G
23	0.0134											
24	0.0030						7.5		11.0			
25	0.0079						7.4		11.0			
26	0.0033				0.6		7.2	1.0	1.5		8:45	G
27	0.0056						7.2		1.7			
28	0.0054				0.6		7.2	1.0	1.7		8:30	G
29	0.0103				0.6		7.5	1.0	2.4		8:30	G
30	0.0067						7.4		1.6			
31	0.0067											

PLANT STAFFING:

Day Shift Operator

Evening Shift Operator

Night Shift Operator

Lead Shift Operator

Type of Effluent

Type of effluent Disposal or Reclaimed Water Reuse:

PERC PONDS

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

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

Class: _____

Certificate No.: _____

Name: _____

Class: _____

Certificate No.: _____

Name: _____

Class: C

Certificate No.: 0012789

Name: ERIC GLIDDEN

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A
FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: USEPPA ISLAND CLUB
 MAILING ADDRESS: P.O. Box 640
 Bokeelia, FL 33922

PERMIT NUMBER: DO36177473
 MONITORING PERIOD--From: 11/01/10 TO 11/30/10
 LIMIT: FINAL

CLASS SIZE: MINOR GROUP: DOMESTIC
 FACILITY ID: 5236P00081 GMS TESTICIDE ID NO.:


FACILITY: Useppa Island Utility Co. WWTP
 LOCATION: P.O. Box 640
 Bokeelia, FL 33922

PLANT SIZE/TREATMENT TYPE: C/Class I *** NO DISCHARGE [X] ***
 TYPE OF EFFLUENT DISPOSAL: Perc Ponds

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
STORE CODE										
FLOW	Sample Measurement	0.0082	0.0177	(03) MGD	*****	*****	*****	*****	30	DAILY-5/WK FLOW METER
050050 1 MONTHLY AVERAGE DAILY	Permit Requirement	REPORT MONTHLY AVG	PERMIT CAP 250	MGD	*****	*****	*****	*****		DAILY FLOW METER
CBOD5, INFLUENT	Sample Measurement	*****	*****	*****		67		(19) MG/L	1	MONTHLY G
080082 4 INFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT SEE PERMIT
TSS, INFLUENT	Sample Measurement	*****	*****	*****		97		(19) MG/L	1	MONTHLY G
00530 G INFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT SEE PERMIT
CBOD5, EFFLUENT	Sample Measurement	*****	*****	*****		2.0		(19) MG/L	1	MONTHLY G
080082 1 EFFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	*****	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT SEE PERMIT
TSS, EFFLUENT, GRAB	Sample Measurement	*****	*****	*****	0.6	1.49	6.7	(19) MG/L	13	MONTHLY G
000530 1 EFFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	*****	1.49 4	REPORT DAILY MAX	mg/L		SEE PERMIT SEE PERMIT
COLIFORM, FECAL	Sample Measurement	*****	*****	*****	1.0	1.0	1.0	(13) #/100ML	13	MONTHLY G
031616 1 EFFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	REPORT WEEKLY AVG	REPORT MONTHLY AVG	REPORT DAILY MAX	#/100mL		SEE PERMIT SEE PERMIT

I certify under penalty of law, that I have personally examined and am familiar with the information submitted herein, based on my inquiry of those individuals immediately responsible for obtaining the information. I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Eric Glidden, Utility Manager		(239) 283-6078	12/23/10

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary)

PERMITTEE NAME: USEPPA ISLAND CLUB
MAILING ADDRESS: P.O. Box 640
Bokeelia, FL 33922

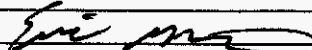
PERMIT NUMBER: DO36177473
MONITORING PERIOD--From: 11/01/10 TO 11/30/10
LIMIT: FINAL
CLASS SIZE: MINOR GROUP: DOMESTIC
FACILITY ID: 5236P00081 GMS TESTICIDE ID NO.:
WAFR SYSTEM ID NO.:
PLANT SIZE/TREATMENT TYPE: C/Class1 *** NO DISCHARGE [X] ***
TYPE OF EFFLUENT DISPOSAL: Perc Ponds

FACILITY: Useppa Island Utility Co. WWTP
LOCATION: P.O. Box 640
Bokeelia, FL 33922

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration			No.	Frequency	Sample	
STORET CODE		Average	Maximum	Units	Minimum	Average	Maximum	Units	Ex.	of Analysis	Type
ph	Sample Measurement	*****	*****	*****	7.3	7.8	8.5	(12) SU	26	DAILY--5/WK	GRAB
000400 1 MINIMUM	Permit Requirement	*****	*****	*****	6.0 MINIMUM	*****	8.5 DAILY MAX	#/100mL		SEE PERMIT	GRAB
CHLORINE, TOTAL RESIDUAL	Sample Measurement	*****	*****	*****	1.3	8.9	11	(19) MG/L	27	DAILY--5/WK	GRAB
050060 1 EFFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	.5 MINIMUM	*****	*****	mg/L		SEE PERMIT	SEE PERMIT
	Sample Measurement	*****	*****	*****	*****	7.84		(19) MG/L	1	MONTHLY	GRAB
000620 1 EFFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	*****	*****	12.0 MAXIMUM	mg/L		ANNUAL	SEE PERMIT
NITROGEN, TOTAL (as N) (IF REQ. IN THE PERMIT)	Sample Measurement	*****	*****	*****	*****	*****	*****	(12) SU	0	N/A	N/A
000600 1 EFFLUENT GROSS VALUE	Permit Requirement	*****	*****	*****	*****	*****	REPORT DAILY AMX	#/100mL		SEE PERMIT	SEE PERMIT
CBOD5, EFFLUENT	Sample Measurement	*****	*****	*****	*****	*****	*****	*****	0		
080082 Y ANNUAL AVERAGE	Permit Requirement	*****	*****	*****	REPORT ANNUAL AVG	*****	*****	*****		SEE PERMIT	SEE PERMIT
TSS, EFFLUENT	Sample Measurement	*****	*****	*****	*****	*****	*****	*****	0		
000530 Y ANNUAL AVERAGE	Permit Requirement	*****	*****	*****	REPORT ANNUAL AVG	*****	*****	*****		SEE PERMIT	SEE PERMIT

I certify under penalty of law, that I have personally examined and am familiar with the information submitted herein, based on my inquiry of those individuals immediately responsible for obtaining the information. I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Eric Glidden, Utility Manager		(239)283-6078	12/23/10

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary)

DAILY SAMPLE RESULTS - PART B

Permit Number: DO36177473
 Month Year: November 2010

Three-month Average Daily Flow:
 (TMADF Permitted Capacity)x100:

	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	CL2 (For Disinfect. (mg/L)	Nitrate (mg/L)	Time of Sample	Type of Sample (C/G)
Code	50050.00	80082	00530	80082	00530	00008	00400	74055	50060	00620		
Non. Site												
01	0.0054				0.6		8.0	1.0	11.0		8:10	G
02	0.0063				0.6		7.9	1.0	11.0		8:30	G
03	0.0053						7.9		10.3			
04	0.0085				0.6		8.0	1.0	11.0		8:30	G
05	0.0057						7.8		11.0			
06	0.0089						7.9		7.9			
07	0.0051											
08	0.0137						7.7		11.0			
09	0.0025				0.9		7.5	1.0	4.9		8:30	G
10	0.0048						8.3		11.0			
11	0.0065				0.6		8.1	1.0	11.0		8:30	G
12	0.0073				0.6		8.2	1.0	11.0		8:40	G
13	0.0081						8.5		11.0			
14	0.0081											
15	0.0028						7.8		7.6			
16	0.0052				6.7		7.7	1.0	8.4		8:40	G
17	0.0046						7.9		11.0			
18	0.0033				0.6		8.0	1.0	11.0		8:30	G
19	0.0128				0.7		7.9	1.0	11.0		8:30	G
20	0.0123						7.8		4.0			
21	0.0123											
22	0.0088			2.0	1.1		7.7	1.0	11.0	7.84	8:30	G
23	0.0086				4.2		7.4	1.0	11.0		8:30	G
24	0.0081				1.6		7.6	1.0	7.5		8:30	G
25	0.0177						7.3		4.2			
26	0.0152						7.4		1.3			
27	0.0091						7.5		5.3			
28	0.0091											
29	0.0095						7.4		6.4			
30	0.0094	67.0	97.0		0.6		7.6	1.0	9.7		7:30	G
31												

PLANT STAFFING:

Day Shift Operator	Class: _____	Certificate No.: _____	Name: _____
Evening Shift Operator	Class: _____	Certificate No.: _____	Name: _____
Night Shift Operator	Class: _____	Certificate No.: _____	Name: _____
Lead Shift Operator	Class: <u>C</u>	Certificate No.: <u>0012789</u>	Name: <u>ERIC GLIDDEN</u>

Type of Effluent

Type of effluent Disposal or Reclaimed Water Reuse: PERC PONDS

Limited Wet Weather Discharge Activiated: Yes: No: Not Applicable: X If yes, cumulative days of wet weather discharge:

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, 2295 Victoria Ave, Suite 364, Ft. Myers, FL 33901-3881

PERMITTEE NAME: Useppa Island Utility Co.
MAILING ADDRESS: Po Box 640
Bokeelia, Florida 33922-640

PERMIT NUMBER:

FLA014494-004-DW3P

LIMIT:

Final

REPORT

Monthly

FREQUENCY:

PROGRAM:

Domestic

FACILITY: Useppa Inn & Dock WWTP
LOCATION: Useppa Island

CLASS SIZE:

N/A

MONITORING GROUP NUMBER:

R-001

MONITORING GROUP

DESCRIPTION:

Two rapid infiltration basins, with Influent

RE-SUBMITTED DMR: ☐

NO DISCHARGE FROM SITE: ☐

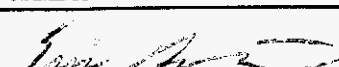

MONITORING PERIOD

From: 12/1/2010 To 12/31/2010

COUNTY: Lee
OFFICE: South District

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	.0095				31		Meter
PARM Code 50050 1 Mon. Site No. FLW-01	Permit Requirement	0.020 (Mo. Avg.)	MGD				5 Days/Week	
Flow	Sample Measurement	.0095				31		
PARM Code 50050 Q Mon. Site No. FLW-01	Permit Requirement	0.020 (Mo. Avg.)	MGD				Monthly	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.375		12		
PARM Code 80082 Y Mon. Site No. EFF-1	Permit Requirement			20.0 (An. Avg.)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2	2	1		
PARM Code 80082 1 Mon. Site No. EFF-1	Permit Requirement			60.0 (Max.)	45.0 (Wk. Avg.)	30.0 (Mo. Avg.)	mg/L	Monthly
Solids, Total Suspended	Sample Measurement			2.233		12		
PARM Code 00530 Y Mon. Site No. EFF-1	Permit Requirement			20.0 (An. Avg.)		mg/L	Monthly	Grab
Solids, Total Suspended	Sample Measurement			6.8	1.8	13		
PARM Code 00530 1 Mon. Site No. EFF-1	Permit Requirement			60.0 (Max.)	45.0 (Wk. Avg.)	30.0 (Mo. Avg.)	mg/L	Monthly

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
		761-2720	2/1/2011

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Useppa Inn & Dock WWTP

MONITORING GROUP

R-001

PERMIT NUMBER: FLA014494-004-DW3P

NUMBER:

MONITORING PERIOD From: 12/1/2010 To:

12/31/2010

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal PARM Code 74055 Y Mon. Site No. EFF-1	Sample Measurement				1.88			12		
	Permit Requirement				200 (An.Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal PARM Code 74055 1 Mon. Site No. EFF-1	Sample Measurement				1.64	10		14		
	Permit Requirement				200 (Mo.Geo.Mn.)	800 (Max.)	#/100mL		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100 PARM Code 00180 P Mon. Site No. CAL-01	Sample Measurement					39		3	Months	
	Permit Requirement					Report (Mo.Avg.)	percent		Monthly	Calculated
pH PARM Code 00400 1 Mon. Site No. EFF-1	Sample Measurement			7.5		8.3		27		
	Permit Requirement			6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual(For Disinfection) PARM Code 50060 1 Mon. Site No. EFF-1	Sample Measurement			1.3	8.28	11		27		
	Permit Requirement			0.5 (Min.)	(Mo. Avg)	(Max)	mg/L		5 Days/Week	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Q Mon. Site No. EFF-1	Sample Measurement					2		1		
	Permit Requirement					30.0 (Mo.Avg.)	mg/L		Monthly	Grab
Nitrogen, Nitrate, Total (as N) PARM Code 00620 1 Mon. Site No. EFF-1	Sample Measurement					9.73		1		
	Permit Requirement					12.0 (Max.)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 R Mon. Site No. EFF-1	Sample Measurement									
	Permit Requirement					45.0 (Wk.Avg.)	mg/L		Weekly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 S Mon. Site No. EFF-1	Sample Measurement					2		14		
	Permit Requirement					60.0 (Max.)	mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 Q Mon. Site No. EFF-1	Sample Measurement					6.8		14		
	Permit Requirement					5.0 (Max.)	mg/L		3 Days/Week	Grab

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Useppa Inn & Dock WWTP

MONITORING GROUP R-001

PERMIT NUMBER: FLA014494-004-DW3P

NUMBER:

MONITORING PERIOD From: 12/1/2010 To:

12/31/2010

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.5		27		
PARM Code 00400 Q Mon. Site No. EFF-1	Permit Requirement			6.0 (Min.)	s.u.		5 Days/Week	Grab
pH	Sample Measurement				8.3	27		
PARM Code 00400 R Mon. Site No. EFF-1	Permit Requirement				8.5 (Max.)	s.u.	5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1.64	14		
PARM Code 74055 Q Mon. Site No. EFF-1	Permit Requirement				25 (Mo. Geo. Mn.)	#/100mL	3 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement							
PARM Code 00620 Q Mon. Site No. EFF-1	Permit Requirement				12.0 (Max.)	mg/L	Bi-weekly; every 2 weeks	Grab
Chlorine, Total Residual	Sample Measurement			1.3		27		
PARM Code 50060 Q Mon. Site No. EFF-1	Permit Requirement			1.0 (Min.)	mg/L		5 Days/Week	Grab
BOD, Carbonaceous 5 day, 20C (Influent)	Sample Measurement							
PARM Code 80082 T Mon. Site No. INF-1	Permit Requirement				Report (Max.)	mg/L	Monthly	Grab
Solids, Total Suspended (Influent)	Sample Measurement							
PARM Code 00530 R Mon. Site No. INF-1	Permit Requirement				Report (Max.)	mg/L	Monthly	Grab
Flow	Sample Measurement	.0078				4th		
PARM Code 50050 I Mon. Site No. FLW-01	Permit Requirement	Report (Ql. Avg.)	MGD				Quarterly	Meter
Flow	Sample Measurement	.0108				12		
PARM Code 50050 Y Mon. Site No. FLW-01	Permit Requirement	Report (An. Avg.)	MGD				Annually	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.375		12		
PARM Code 80082 Y Mon. Site No. EFF-1	Permit Requirement			20.0 (An. Avg.)	mg/L		Annually	Grab

I certify under penalty of law that this document and all attachments were prepared	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
<i>Eric Glicker</i>	<i>Eric Glicker</i>	707-8780	12/1/11

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

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014494-004-DW3P

Facility: Useppa Inn & Dock WWTP

Monitoring Period From: 12/1/2010 To: 12/31/2010

	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual mg/L	Coliform, Fecal #/100mL	Nitrogen, Nitrate, Total (as N) mg/L	Solids, Total Suspended mg/L	pH s.u.	Flow MGD	BOD, Carbonaceous 5 day, 20C (Influent) mg/L	Solids, Total Suspended (Influent) mg/L
Code	80082	50060	74055	00620	00530	00400	50050	80082	00530
Mon. Site	EFF-1	EFF-1	EFF-1	EFF-1	EFF-1	EFF-1	FLW-01	INF-1	INF-1
1		10.8				7.6	.0072		
2		2.3	1		.6	7.9	.0068		
3		11	1		.6	7.9	.0043		
4		11				8.3	.0021		
5							0		
6		11				8.3	.0138		
7		7.2	1		1.9	7.9	.0127		
8		6.8				8.2	.0116		
9		9.1	1		2.8	7.9	.0109		
10		11	1		1.8	8.1	.0101		
11		11				8.3	.0022		
12							0		
13		1.3				7.5	.0023		
14		1.3	10		2.3	7.5	.002		
15		11				8	.0055		
16	2	11	1	9.73	.6	8	.005		
17		11	1		.6	8.1	.0065		
18		11				8.2	.0084		
19							.0084		
20		11				8.1	.0075		
21		11	1		.7	8.3	.0071		
22		11	1		1.5	8	.0080		
23		7.8	1		1.3	7.9	.0101		
24		5.2				7.9	.0128		
25		7				8.1	.0122		
26							.0122		
27		7.4				8.2	.0141		
28		5.7	1		1.5	8.1	.0149	95	97
29		6.2	1		2.2	8.2	.0231		
30		6.9	1		6.8	8.1	.016		
31		6.5				8.1	.0372		
Total		223.5	23	9.73	25.2	216.7	.295	95	97
Mo. Avg.		8.28	1.64	9.73	1.8	8.03	.0095	95	97

PLANT STAFFING:

Day Shift Operator	Class: C	Certificate No: 0012789	Name: Eric Glidden
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, 2295 Victoria Ave, Suite 364, Ft. Myers, FL 33901-3881

PERMITTEE NAME: Useppa Island Utility Co.
MAILING ADDRESS: Po Box 640
 Bokeelia, Florida 33922-640

PERMIT NUMBER:

FLA014494-004-DW3P

LIMIT:

Final

REPORT FREQUENCY: Monthly

FACILITY: Useppa Inn & Dock WWTP
LOCATION: Useppa Island

CLASS SIZE:
MONITORING GROUP NUMBER:

N/A

PROGRAM: Domestic

MONITORING GROUP DESCRIPTION:

Two rapid infiltration basins, with Influent

RE-SUBMITTED DMR: ☐

NO DISCHARGE FROM SITE: ☐


MONITORING PERIOD

From: 1/1/2011 To 1/31/2011

COUNTY: Lee
OFFICE: South District

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		.0111						31		Meter
PARM Code 50050 1 Mon. Site No. FLW-01	Permit Requirement		0.020 (Mo. Avg.)	MGD						5 Days/Week	
Flow	Sample Measurement		.0111						31		
PARM Code 50050 Q Mon. Site No. FLW-01	Permit Requirement		0.020 (Mo. Avg.)	MGD						Monthly	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.29		12	12		
PARM Code 80082 Y Mon. Site No. EFF-1	Permit Requirement					20.0 (An. Avg.)	mg/L			Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2	2	2		1		
PARM Code 80082 1 Mon. Site No. EFF-1	Permit Requirement				60.0 (Max.)	(Wk. Avg.)	30.0 (Mo. Avg.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					2.11			12		
PARM Code 00530 Y Mon. Site No. EFF-1	Permit Requirement					20.0 (An. Avg.)	mg/L			Monthly	Grab
Solids, Total Suspended	Sample Measurement				11.7		2.675		12		
PARM Code 00530 1 Mon. Site No. EFF-1	Permit Requirement				60.0 (Max.)	45.0 (Wk. Avg.)	30.0 (Mo. Avg.)	mg/L		Monthly	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate 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 (mm/dd/yyyy)
Eric G. Holden		239-283-6078	2/25/11

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Useppa Inn & Dock WWTP

MONITORING GROUP

R-001

PERMIT NUMBER: FLA014494-004-DW3P

NUMBER:

MONITORING PERIOD From: 1/1/2011 To:

1/31/2011

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal PARM Code 74055 Y Mon. Site No. EFF-1	Sample Measurement				2.17			12		
	Permit Requirement				.200 (An.Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal PARM Code 74055 1 Mon. Site No. EFF-1	Sample Measurement				1	48		12		
	Permit Requirement				200 (Mo.Geo.Mn.)	800 (Max.)	#/100mL		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100 PARM Code 00180 P Mon. Site No. CAL-01	Sample Measurement					55.5%	%	3	Months	
	Permit Requirement					Report (Mo.Avg.)	percent		Monthly	Calculated
pH PARM Code 00400 1 Mon. Site No. EFF-1	Sample Measurement			7.2		8.3		26		
	Permit Requirement			6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual(For Disinfection) PARM Code 50060 1 Mon. Site No. EFF-1	Sample Measurement			3.5	7.8	11		26		
	Permit Requirement			0.5 (Min.)	(Mo. Avg)	(Max)	mg/L		5 Days/Week	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Q Mon. Site No. EFF-1	Sample Measurement					2		1		
	Permit Requirement					30.0 (Mo.Avg.)	mg/L		Monthly	Grab
Nitrogen, Nitrate, Total (as N) PARM Code 00620 1 Mon. Site No. EFF-1	Sample Measurement					.53		1		
	Permit Requirement					12.0 (Max.)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 R Mon. Site No. EFF-1	Sample Measurement					2				
	Permit Requirement					45.0 (Wk.Avg.)	mg/L		Weekly	Grab
BOD, Carbonaceous 5 day, 20C PARM Code 80082 S Mon. Site No. EFF-1	Sample Measurement					2		12		
	Permit Requirement					60.0 (Max.)	mg/L		Monthly	Grab
Solids, Total Suspended PARM Code 00530 Q Mon. Site No. EFF-1	Sample Measurement					11.7		12		
	Permit Requirement					5.0 (Max.)	mg/L		3 Days/Week	Grab

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Useppa Inn & Dock WWTP

MONITORING GROUP R-001

PERMIT NUMBER: FLA014494-004-DW3P

NUMBER:

MONITORING PERIOD From: 1/1/2011 To:

1/31/2011

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.2		26		
PARM Code 00400 Q Mon. Site No. EFF-1	Permit Requirement			6.0 (Min.)	s.u.		5 Days/Week	Grab
pH	Sample Measurement				8.3	26		
PARM Code 00400 R Mon. Site No. EFF-1	Permit Requirement				8.5 (Max.)	s.u.	5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				6.75	12		
PARM Code 74055 Q Mon. Site No. EFF-1	Permit Requirement				25 (Mo.Geo.Mn.)	#/100mL	3 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement							
PARM Code 00620 Q Mon. Site No. EFF-1	Permit Requirement				12.0 (Max.)	mg/L	Bi-weekly; every 2 weeks	Grab
Chlorine, Total Residual	Sample Measurement			3.5		26		
PARM Code 50060 Q Mon. Site No. EFF-1	Permit Requirement			1.0 (Min.)	mg/L		5 Days/Week	Grab
BOD, Carbonaceous 5 day, 20C(Influent)	Sample Measurement				170	1		
PARM Code 80082 T Mon. Site No. INF-1	Permit Requirement				Report (Max.)	mg/L	Monthly	Grab
Solids, Total Suspended(Influent)	Sample Measurement				96	1		
PARM Code 00530 R Mon. Site No. INF-1	Permit Requirement				Report (Max.)	mg/L	Monthly	Grab
Flow	Sample Measurement	.0096 Nov.Dec.Jan						
PARM Code 50050 1 Mon. Site No. FLW-01	Permit Requirement	Report (Qt.Avg.)	MGD				Quarterly	Meter
Flow	Sample Measurement	.0105				12		
PARM Code 50050 Y Mon. Site No. FLW-01	Permit Requirement	Report (An.Avg.)	MGD				Annually	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.29		12		
PARM Code 80082 Y Mon. Site No. EFF-1	Permit Requirement			20.0 (An.Avg.)	mg/L		Annually	Grab

I certify under penalty of law that this document and all attachments were prepared	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)

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

DAILY SAMPLE RESULTS - PART B

 Permit Number: **FLA014494-004-DW3P**

 Facility: **Useppa Inn & Dock WWTP**

 Monitoring Period **From: 1/1/2011 To: 1/31/2011**

	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual mg/L	Coliform, Fecal #/100mL	Nitrogen, Nitrate, Total (as N) mg/L	Solids, Total Suspended mg/L	pH s.u.	Flow MGD	BOD, Carbonaceous 5 day, 20C (Influent) mg/L	Solids, Total Suspended (Influent) mg/L	
Code	80082	50060	74055	00620	00530	00400	50050	80082	00530	
Mon. Site	EFF-1	EFF-1	EFF-1	EFF-1	EFF-1	EFF-1	FLW-01	INF-1	INF-1	
1		3.9				7.7	.0208			
2							.0209			
3		4.1				7.7	.0114			
4		4.9	23		11.7	7.9	.0144			
5		8.9				7.8	.0092			
6		8.3	48		3.8	7.8	.0086			
7		8.4	1		2.1	8	.0091			
8		11				8.3	.0094			
9							.0093			
10		8				7.6	.0093			
11		9.6	1		.7	7.7	.0096			
12		6.4				7.9	.0046			
13		9.9	1		.27	8.2	.0074			
14		9.9	1		1.8	8.3	.0086			
15		9.2				8.0	.0123			
16							.0121			
17		10.7				8.1	.0092			
18		10.3	1		1.1	8.1	.0129			
19		9.2				7.4	.0066			
20	2	11	1	.53	.8	7.8	.0099	170	96	
21		11	1		1.4	8	.0028			
22		10				7.2	.0115			
23							.0115			
24		5.9				7.5	.0109			
25		4.2	1		2.1	7.4	.0121			
26		5				7.8	.0116			
27		3.5	1		1.6	7.8	.0123			
28		5.3	1		2.3	7.4	.0116			
29		7.4				7.3	.0304			
30							.0059			
31		6.6				8	.0088			
Total		202.6	81	.53	32.1	202.7	.3451	170	96	
Mo. Avg.		7.8	6.75	.53	2.675	7.8	.0111	170	96	

PLANT STAFFING:

Day Shift Operator	Class: <u>C</u>	Certificate No: <u>0012789</u>	Name: <u>Eric Glidden</u>
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, 2295 Victoria Ave, Suite 364, Ft. Myers, FL 33901-3881

PERMITTEE NAME: Useppa Island Utility Co.
MAILING ADDRESS: Po Box 640
Bokeelia, Florida 33922-640

PERMIT NUMBER: FLA014494-004-DW3P

LIMIT:

Final

REPORT FREQUENCY: Monthly

CLASS SIZE:

N/A

FREQUENCY:

Domestic

MONITORING GROUP NUMBER:

R-001

MONITORING GROUP

Two rapid infiltration basins, with Influent

DESCRIPTION:

RE-SUBMITTED DMR: ☐

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD

From: 2/1/2011 To 2/28/2011

FACILITY: Useppa Inn & Dock WWTP
LOCATION: Useppa Island


Useppa Island, FL

COUNTY: Lee

OFFICE: South District

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.0116				28		Meter
PARM Code 50050 1 Mon. Site No. FLW-01	Permit Requirement	0.020 (Mo. Avg.)	MGD				5 Days/Week	
Flow	Sample Measurement	0.0116				28		
PARM Code 50050 Q Mon. Site No. FLW-01	Permit Requirement	0.020 (Mo. Avg.)	MGD				Monthly	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.21	12	12		
PARM Code 80082 Y Mon. Site No. EFF-1	Permit Requirement			20.0 (An. Avg.)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2	2	1		
PARM Code 80082 1 Mon. Site No. EFF-1	Permit Requirement			60.0 (Max.)	(Wk. Avg.)	30.0 (Mo. Avg.)	mg/L	Monthly
Solids, Total Suspended	Sample Measurement			2.1		12		
PARM Code 00530 Y Mon. Site No. EFF-1	Permit Requirement			20.0 (An. Avg.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			11	2.55	12		
PARM Code 00530 1 Mon. Site No. EFF-1	Permit Requirement			60.0 (Max.)	45.0 (Wk. Avg.)	30.0 (Mo. Avg.)	mg/L	Monthly

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
Eric Glidden		239-283-	3/28/2011

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

6078

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Useppa Inn & Dock WWTP

MONITORING GROUP

R-001

NUMBER:

2/1/2011

MONITORING PERIOD

From: ~~1/1/2011~~ To: 12/31/2011

PERMIT NUMBER: FLA014494-004-DW3P

2/26/11

12/31/11

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				2.26		12		
PARM Code 74055 Y	Permit Requirement				200 (An. Avg.)	#/100mL		Monthly	Grab
Mon. Site No. EFF-1					1	16	12		
Coliform, Fecal	Sample Measurement								
PARM Code 74055 1	Permit Requirement				200 (Mo. Geo. Mn.)	800 (Max.)	#/100mL	Monthly	Grab
Mon. Site No. EFF-1						53.5	%	3	Months
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement								
PARM Code 00180 P	Permit Requirement					Report (Mo. Avg.)	percent	Monthly	Calculated
Mon. Site No. CAL-01									
pH	Sample Measurement			7.3		8.3		24	
PARM Code 00400 1	Permit Requirement			6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week
Mon. Site No. EFF-1									Grab
Chlorine, Total Residual (For Disinfection)	Sample Measurement			1.2	6.52	11		24	
PARM Code 50060 1	Permit Requirement			0.5 (Min.)	(Mo. Avg)	(Max)	mg/L		5 Days/Week
Mon. Site No. EFF-1									Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2		1	
PARM Code 80082 Q	Permit Requirement					30.0 (Mo. Avg.)	mg/L		Monthly
Mon. Site No. EFF-1						8.48		1	
Nitrogen, Nitrate, Total (as N)	Sample Measurement								
PARM Code 00620 1	Permit Requirement					12.0 (Max.)	mg/L		Monthly
Mon. Site No. EFF-1									Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2		1	
PARM Code 80082 R	Permit Requirement					45.0 (Wk. Avg.)	mg/L		Weekly
Mon. Site No. EFF-1									Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2		1	
PARM Code 80082 S	Permit Requirement					60.0 (Max.)	mg/L		Monthly
Mon. Site No. EFF-1						11		12	
Solids, Total Suspended	Sample Measurement								
PARM Code 00530 Q	Permit Requirement					5.0 (Max.)	mg/L		3 Days/Week
Mon. Site No. EFF-1									Grab

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Useppa Inn & Dock WWTP

MONITORING GROUP

R-001


PERMIT NUMBER: FLA014494-004-DW3P

NUMBER:

MONITORING PERIOD From: 3/1/2011 To:

2/28/11
3/2/2011

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.3				24		
PARM Code 00400 Q Mon. Site No. EFF-1	Permit Requirement			6.0 (Min.)			s.u.		5 Days/Week	Grab
pH	Sample Measurement					8.3		24		
PARM Code 00400 R Mon. Site No. EFF-1	Permit Requirement					8.5 (Max.)	s.u.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement					2.83		12		
PARM Code 74055 Q Mon. Site No. EFF-1	Permit Requirement					25 (Mo. Geo. Mn.)	#/100mL		3 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					8.48		1		
PARM Code 00620 Q Mon. Site No. EFF-1	Permit Requirement					12.0 (Max.)	mg/L		Bi-weekly, every 2 weeks	Grab
Chlorine, Total Residual	Sample Measurement			1.2				24		
PARM Code 50060 Q Mon. Site No. EFF-1	Permit Requirement			1.0 (Min.)			mg/L		5 Days/Week	Grab
BOD, Carbonaceous 5 day, 20C(Influent)	Sample Measurement					279		1		
PARM Code 80082 T Mon. Site No. INF-1	Permit Requirement					Report (Max.)	mg/L		Monthly	Grab
Solids, Total Suspended(Influent)	Sample Measurement					312		1		
PARM Code 00530 R Mon. Site No. INF-1	Permit Requirement					Report (Max.)	mg/L		Monthly	Grab
Flow	Sample Measurement	.0107 Dec. JanFeb						3		
PARM Code 50050 I Mon. Site No. FLW-01	Permit Requirement	Report (Qt. Avg.)	MGD						Quarterly	Meter
Flow	Sample Measurement	.0101						12		
PARM Code 50050 Y Mon. Site No. FLW-01	Permit Requirement	Report (An. Avg.)	MGD						Annually	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.21			12		
PARM Code 80082 Y Mon. Site No. EFF-1	Permit Requirement				20.0 (An. Avg.)		mg/L		Annually	Grab

I certify under penalty of law that this document and all attachments were prepared	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
Eric Glidden		283-6070	3/28/11

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

DAILY SAMPLE RESULTS - PART B

 Permit Number: **FLA014494-004-DW3P**

 Facility: **Useppa Inn & Dock WWTP**

 Monitoring Period **From: 2/1/2011 To: 2/28/2011**

	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual mg/L	Coliform, Fecal #/100mL	Nitrogen, Nitrate, Total (as N) mg/L	Solids, Total Suspended mg/L	pH s.u.	Flow MGD	BOD, Carbonaceous 5 day, 20C (Influent) mg/L	Solids, Total Suspended (Influent) mg/L	
Code	80082	50060	74055	00620	00530	00400	50050	80082	00530	
Mon. Site	EFF-1	EFF-1	EFF-1	EFF-1	EFF-1	EFF-1	FLW-01	INF-1	INF-1	
1		11	1		1.0	8.2	.0135			
2		6.5				8.3	.005			
3		3	1		1.0	7.9	.0085			
4		10.7	1		0.6	8.3	.0139			
5							.0114			
6		8.6				7.9	.0083			
7		8				8.0	.0122			
8	2	1.2	8	8.48	0.6	7.7	.0127	279	312	
9		2.1				7.8	.0067			
10		3.5	16		0.6	8	.0128			
11		1.2	1		11	7.3	.0133			
12		9.5				8.3	.0123			
13							.0123			
14		11				7.7	.0042			
15		11	1		8.6	8.1	.0134			
16		4.3				7.6	.0129			
17		4.5	1		2.1	7.6	.0113			
18		4	1		1.9	7.6	.0072			
19							.0166			
20		3.2				7.8	.0132			
21		8				8	.0081			
22		11	1		0.6	8.3	.0093			
23		3.9				7.3	.0121			
24		11	1		1.3	8.2	.0115			
25		8.1	1		1.3	7.7	.013			
26							.0132			
27		1.3				7.5	.0158			
28		9.9				7.4	.0192			
29										
30										
31										
Total	2	156.5	34	8.48	30.6	188.5	.3239	279	312	
Mo. Avg.	2	6.52	2.83	8.48	2.55	7.85	0.0116	279	312	

PLANT STAFFING:

Day Shift Operator

 Class: C Certificate No: 0012789 Name: Eric Glidden

Evening Shift Operator

Class: _____ Certificate No: _____ Name: _____

Night Shift Operator

Class: _____ Certificate No: _____ Name: _____

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, 2295 Victoria Ave, Suite 364, Ft. Myers, FL 33901-3881

PERMITTEE NAME: Useppa Island Utility Co.
MAILING ADDRESS: Po Box 640
Bokeelia, Florida 33922-640

PERMIT NUMBER: FLA014494-004-DW3P

LIMIT: Final

REPORT FREQUENCY: Monthly

FACILITY: Useppa Inn & Dock WWTP
LOCATION: Useppa Island

CLASS SIZE: N/A
MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESCRIPTION: Two rapid infiltration basins, with Influent

PROGRAM: Domestic

Useppa Island, FL

RE-SUBMITTED DMR: ☐

NO DISCHARGE FROM SITE: ☐

COUNTY: Lee
OFFICE: South District

MONITORING PERIOD From: 3/1/2011 To 3/31/2011

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		0.0145						28		Meter
PARM Code 50050 I Mon. Site No. FLW-01	Permit Requirement		0.020 (Mo.Avg.)	MGD						5 Days/Week	
Flow	Sample Measurement		0.0145						28		
PARM Code 50050 Q Mon. Site No. FLW-01	Permit Requirement		0.020 (Mo.Avg.)	MGD						Monthly	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.29			12	12		
PARM Code 80082 Y Mon. Site No. EFF-1	Permit Requirement				20.0 (An.Avg.)		mg/L			Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3	3	3		1		
PARM Code 80082 I Mon. Site No. EFF-1	Permit Requirement				60.0 (Max.)	(Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					2.14			12		
PARM Code 00530 Y Mon. Site No. EFF-1	Permit Requirement					20.0 (An.Avg.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				11		2.99		14		
PARM Code 00530 I Mon. Site No. EFF-1	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Monthly	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate 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 (mm/dd/yyyy)

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Useppa Inn & Dock WWTP

MONITORING GROUP

R-001

PERMIT NUMBER: FLA014494-004-DW3P

NUMBER:

MONITORING PERIOD From: 3/1/2011 To:

3/31/2011

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement			2.26		12		
PARM Code 74055 Y	Permit Requirement			200 (An. Avg.)	#/100mL		Monthly	Grab
Mon. Site No. EFF-1								
Coliform, Fecal	Sample Measurement			1	1	14		
PARM Code 74055 1	Permit Requirement			200 (Mo. Geo. Mn.)	800 (Max.)	#/100mL	Monthly	Grab
Mon. Site No. EFF-1								
Percent Capacity, (TMADP/Permitted Capacity) x 100	Sample Measurement				62%	%	3	Months
PARM Code 00180 P	Permit Requirement				Report (Mo. Avg.)	percent	Monthly	Calculated
Mon. Site No. CAL-01								
pH	Sample Measurement		7.0		8.3		28	
PARM Code 00400 1	Permit Requirement		6.0 (Min.)		8.5 (Max.)	s.u.	5 Days/Week	Grab
Mon. Site No. EFF-1								
Chlorine, Total Residual(For Disinfection)	Sample Measurement		1.2	7.2	11		28	
PARM Code 50060 1	Permit Requirement		0.5 (Min.)	(Mo. Avg.)	(Max.)	mg/L	5 Days/Week	Grab
Mon. Site No. EFF-1								
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3		1	
PARM Code 80082 Q	Permit Requirement				30.0 (Mo. Avg.)	mg/L	Monthly	Grab
Mon. Site No. EFF-1								
Nitrogen, Nitrate, Total (as N)	Sample Measurement				0.67		1	
PARM Code 00620 1	Permit Requirement				12.0 (Max.)	mg/L	Monthly	Grab
Mon. Site No. EFF-1								
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3		1	
PARM Code 80082 R	Permit Requirement				45.0 (Wk. Avg.)	mg/L	Weekly	Grab
Mon. Site No. EFF-1								
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3		1	
PARM Code 80082 S	Permit Requirement				60.0 (Max.)	mg/L	Monthly	Grab
Mon. Site No. EFF-1								
Solids, Total Suspended	Sample Measurement				7.5		14	
PARM Code 00530 Q	Permit Requirement				5.0 (Max.)	mg/L	3 Days/Week	Grab
Mon. Site No. EFF-1								

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Useppa Inn & Dock WWTP

MONITORING GROUP

R-001

PERMIT NUMBER: FLA014494-004-DW3P

NUMBER:

MONITORING PERIOD From: 3/1/2011 To:

3/31/2011

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.0			28		
PARM Code 00400 Q Mon. Site No. EFF-1	Permit Requirement				6.0 (Min.)		s.u.		5 Days/Week	Grab
pH	Sample Measurement					8.3		28		
PARM Code 00400 R Mon. Site No. EFF-1	Permit Requirement					8.5 (Max.)	s.u.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement					1		14		
PARM Code 74055 Q Mon. Site No. EFF-1	Permit Requirement					25 (Mo. Geo. Mn.)	#/100mL		3 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					0.67		1		
PARM Code 00620 Q Mon. Site No. EFF-1	Permit Requirement					12.0 (Max.)	mg/L		Bi-weekly; every 2 weeks	Grab
Chlorine, Total Residual	Sample Measurement				1.2			28		
PARM Code 50060 Q Mon. Site No. EFF-1	Permit Requirement				1.0 (Min.)		mg/L		5 Days/Week	Grab
BOD, Carbonaceous 5 day, 20C(Influent)	Sample Measurement					347		1		
PARM Code 80082 T Mon. Site No. INF-1	Permit Requirement					Report (Max.)	mg/L		Monthly	Grab
Solids, Total Suspended(Influent)	Sample Measurement					236		1		
PARM Code 00530 R Mon. Site No. INF-1	Permit Requirement					Report (Max.)	mg/L		Monthly	Grab
Flow	Sample Measurement	.0124 Jan Feb Mar						3		
PARM Code 50050 1 Mon. Site No. FLW-01	Permit Requirement	Report (Qt. Avg.)	MGD						Quarterly	Meter
Flow	Sample Measurement	.0099						12		
PARM Code 50050 Y Mon. Site No. FLW-01	Permit Requirement	Report (An. Avg.)	MGD						Annually	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.29			12		
PARM Code 80082 Y Mon. Site No. EFF-1	Permit Requirement				20.0 (An. Avg.)		mg/L		Annually	Grab

I certify under penalty of law that this document and all attachments were prepared	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)

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

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014494-004-DW3P

Facility: Useppa Inn & Dock WWTP

Monitoring Period From: 3/1/2011 To: 3/31/2011

	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual mg/L	Coliform, Fecal #/100mL	Nitrogen, Nitrate, Total (as N) mg/L	Solids, Total Suspended mg/L	pH s.u.	Flow MGD	BOD, Carbonaceous 5 day, 20C (Influent) mg/L	Solids, Total Suspended (Influent) mg/L	
Code	80082	50060	74055	00620	00530	00400	50050	80082	00530	
Mon. Site	EFF-1	EFF-1	EFF-1	EFF-1	EFF-1	EFF-1	FLW-01	INF-1	INF-1	
1		9.4	1		2.1	7.9	.0135			
2		8.8				7.9	.0164			
3		4.1	1		6.7	7.6	.017			
4		9	1		1.8	7.4	.0284			
5		3.3				7.1	.0141			
6							.0141			
7		1.2				7	.0127			
8		2.4	1		.8	7.3	.0137			
9		3.3				7.5	.0121			
10		1.5	1		.6	7.3	.00115			
11		4.8	1		1.5	7.9	.0119			
12							.0172			
13		4.3				7.6	.0098			
14		6.2				7.4	.0157			
15		6.9	1		1	7.4	.0119			
16		4.2				7.5	.0085			
17	3	11	1	0.67	3.9	7.6	.0119	347	236	
18		11	1		1.9	7.4	.014			
19							.014			
20		11				7.5	.0117			
21		11				7.6	.0129			
22		11	1		1.6	7.8	.0128			
23		11				8	.0128			
24		11	1		1.3	8.3	.0244			
25		11	1		3.8	7.9	.0134			
26		11				8	.0171			
27		5				7.8	.0142			
28		6.2				7.5	.0104			
29		5.4	1		7.5	7.4	.0230			
30		9.7				7.6	.0145			
31		7.4	1		7.4	7.6	.0146			
Total	3	202.1	14	0.67	41.9	212.8	.4502	347	236	
Mo. Avg.	3	7.2	1	0.67	2.99	7.6	.0145	347	236	

PLANT STAFFING:

Day Shift Operator	Class: <u>C</u>	Certificate No: <u>0012789</u>	Name: <u>Eric Glidden</u>
Evening Shift Operator	Class: _____	Certificate No: _____	Name: _____
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

850-912-0510

When Completed mail this report to: Department of Environmental Protection, 2295 Victoria Ave, Suite 364, Ft. Myers, FL 33901-3881

PERMITTEE NAME: Useppa Island Utility Co.
MAILING ADDRESS: Po Box 640

PERMIT NUMBER:

FLA014494-004-DW3P

Bokeelia, Florida 33922-640

LIMIT:

Final

REPORT FREQUENCY:

Monthly

FACILITY: Useppa Inn & Dock WWTP
LOCATION: Useppa Island

CLASS SIZE:

N/A

PROGRAM:

Domestic

MONITORING GROUP NUMBER:

R-001

MONITORING GROUP

Two rapid infiltration basins, with Influent

DESCRIPTION:

RE-SUBMITTED DMR:



NO DISCHARGE FROM SITE:



MONITORING PERIOD

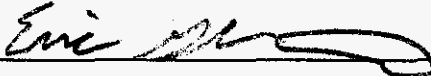
4/1/2011 To 4/30/2011

COUNTY: Lee

OFFICE: South District

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	.0143				30		Meter
PARM Code 50050 I Mon. Site No. FLW-01	Permit Requirement	0.020 (Mo.Avg.)	MGD				5 Days/Week	
Flow	Sample Measurement	.0143				30		
PARM Code 50050 Q Mon. Site No. FLW-01	Permit Requirement	0.020 (Mo.Avg.)	MGD				Monthly	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.08		1		
PARM Code 80082 Y Mon. Site No. EFF-1	Permit Requirement			20.0 (An.Avg.)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2	2	1		
PARM Code 80082 I Mon. Site No. EFF-1	Permit Requirement			60.0 (Max.)	(Wk.Avg.)	30.0 (Mo.Avg.)	mg/L	Monthly
Solids, Total Suspended	Sample Measurement			2.14		12		
PARM Code 00530 Y Mon. Site No. EFF-1	Permit Requirement			20.0 (An.Avg.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			6.5	2.96	13		
PARM Code 00530 I Mon. Site No. EFF-1	Permit Requirement			60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L	Monthly
								Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate 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 (mm/dd/yyyy)
Eric Ghadden		239-283-6078	5/27/11

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

ISSUANCE/REISSUANCE DATE:

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Useppa Inn & Dock WWTP

MONITORING GROUP

R-001

PERMIT NUMBER: FLA014494-004-DW3P

NUMBER:

MONITORING PERIOD From: 4/1/2011 To:

4/30/2011

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement			2.26		12		
PARM Code 74055 Y Mon. Site No. EFF-1	Permit Requirement			200 (An.Avg.)	#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement			1	1	13		
PARM Code 74055 1 Mon. Site No. EFF-1	Permit Requirement			200 (Mo.Geo.Mn.)	800 (Max.)	#/100mL	Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				67.5%	%	3	Months
PARM Code 00180 P Mon. Site No. CAL-01	Permit Requirement				Report (Mo.Avg.)	percent	Monthly	Calculated
pH	Sample Measurement			7.4	8.1		26	
PARM Code 00400 1 Mon. Site No. EFF-1	Permit Requirement			6.0 (Min.)	8.5 (Max.)	s.u.	5 Days/Week	Grab
Chlorine, Total Residual(For Disinfection)	Sample Measurement			1.6	6.45	11	26	
PARM Code 50060 1 Mon. Site No. EFF-1	Permit Requirement			0.5 (Min.)	(Mo. Avg)	(Max)	mg/L	5 Days/Week
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2		1	
PARM Code 80082 Q Mon. Site No. EFF-1	Permit Requirement				30.0 (Mo.Avg.)	mg/L	Monthly	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				4.95		1	
PARM Code 00620 1 Mon. Site No. EFF-1	Permit Requirement				12.0 (Max.)	mg/L	Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2		1	
PARM Code 80082 R Mon. Site No. EFF-1	Permit Requirement				45.0 (Wk.Avg.)	mg/L	Weekly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2		1	
PARM Code 80082 S Mon. Site No. EFF-1	Permit Requirement				60.0 (Max.)	mg/L	Monthly	Grab
Solids, Total Suspended	Sample Measurement				6.5		13	
PARM Code 00530 Q Mon. Site No. EFF-1	Permit Requirement				5.0 (Max.)	mg/L	3 Days/Week	Grab



ISSUANCE/REISSUANCE DATE:

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Useppa Inn & Dock WWTP

MONITORING GROUP R-001


PERMIT NUMBER: FLA014494-004-DW3P

NUMBER:

MONITORING PERIOD From: 4/1/2011 To:

4/30/2011

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.4		26		
PARM Code 00400 Q Mon. Site No. EFF-1	Permit Requirement			6.0 (Min.)	s.u.		5 Days/Week	Grab
pH	Sample Measurement			8.1		26		
PARM Code 00400 R Mon. Site No. EFF-1	Permit Requirement			8.5 (Max.)	s.u.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			1		13		
PARM Code 74055 Q Mon. Site No. EFF-1	Permit Requirement			25 (Mo. Geo. Mn.)	#/100mL		3 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			4.95		1		
PARM Code 00620 Q Mon. Site No. EFF-1	Permit Requirement			12.0 (Max.)	mg/L		Bi-weekly; every 2 weeks	Grab
Chlorine, Total Residual	Sample Measurement			1.6		26		
PARM Code 50060 Q Mon. Site No. EFF-1	Permit Requirement			1.0 (Min.)	mg/L		5 Days/Week	Grab
BOD, Carbonaceous 5 day, 20C(Influent)	Sample Measurement			179		1		
PARM Code 80082 T Mon. Site No. INF-1	Permit Requirement			Report (Max.)	mg/L		Monthly	Grab
Solids, Total Suspended(Influent)	Sample Measurement			137		1		
PARM Code 00530 R Mon. Site No. INF-1	Permit Requirement			Report (Max.)	mg/L		Monthly	Grab
Flow	Sample Measurement	.0135 Feb Mar April				3		
PARM Code 50050 I Mon. Site No. FLW-01	Permit Requirement	Report (Qt. Avg.)	MGD				Quarterly	Meter
Flow	Sample Measurement	.0098				12		
PARM Code 50050 Y Mon. Site No. FLW-01	Permit Requirement	Report (An. Avg.)	MGD				Annually	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.08		12		
PARM Code 80082 Y Mon. Site No. EFF-1	Permit Requirement			20.0 (An. Avg.)	mg/L		Annually	Grab

I certify under penalty of law that this document and all attachments were prepared	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
Eric G. Hadden			5/27/11

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

ISSUANCE/REISSUANCE DATE:

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

DAILY SAMPLE RESULTS - PART B

Permit Number:

FLA014494-004-DW3P

Facility: Useppa Inn & Dock WWTP

Monitoring Period

From: 4/1/2011 To: 4/30/2011

	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual mg/L	Coliform, Fecal #/100mL	Nitrogen, Nitrate, Total (as N) mg/L	Solids, Total Suspended mg/L	pH s.u.	Flow MGD	BOD, Carbonaceous 5 day, 20C (Influent) mg/L	Solids, Total Suspended (Influent) mg/L
Code	80082	50060	74055	00620	00530	00400	50050	80082	00530
Mon. Site	EFF-1	EFF-1	EFF-1	EFF-1	EFF-1	EFF-1	FLW-01	INF-1	INF-1
1		8.1	1		6.0	8	.0237		
2							.0237		
3		7.7				7.7	.0052		
4		11				7.8	.0215		
5		6	1		3.2	7.8	.0173		
6		5.4				7.7	.012		
7	2	2.8	1	4.95	.6	7.6	.0152	179	137
8		3.3	1		.6	7.4	.0158		
9							.0158		
10		3				7.5	.0108		
11		1.6				7.6	.0093		
12		11	1		1.9	8.1	.0145		
13		7.1				8	.0124		
14		6.8	1		2.4	8	.0075		
15		10.1	1		1.7	8	.0151		
16							.0151		
17		6.2				7.8	.011		
18		9.4				8.1	.0139		
19		6.6	1		1.6	7.8	.0111		
20		7.7				7.8	.0147		
21		7.2	1		2.0	7.8	.0143		
22		7	1		1.2	8.1	.0178		
23		5.7				7.9	.0207		
24							.0207		
25		5.2				7.6	.0159		
26		4.8	1		4.6	7.4	.0109		
27		6.5				7.6	.0004		
28		2.8	1		6.5	7.6	.0078		
29		11	1		6.2	7.7	.0206		
30		3.8				7.5	.0146		
31									
Total	2	167.8	13	4.95	38.5	201.9	.4294	179	137
Mo. Avg.	2	6.45	1	4.95	2.96	7.77	.0143	179	137

Eric Glidden

PLANT STAFFING:

Day Shift Operator

Class:

C

Certificate No:

0012789

Name:

Eric Glidden

Evening Shift Operator

Class:

Certificate No:

Name:

Night Shift Operator

Class:

Certificate No:

Name:

Lead Operator

Class:

Certificate No:

Name:

ISSUANCE/REISSUANCE DATE:

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, 2295 Victoria Ave, Suite 364, Ft. Myers, FL 33901-3881

PERMITTEE NAME: Useppa Island Utility Co.
 MAILING ADDRESS: Po Box 640
 Bokeelia, Florida 33922-640

PERMIT NUMBER:

FLA014494-004-DW3P

LIMIT:

Final

REPORT

Monthly

FREQUENCY:

PROGRAM:

Domestic

FACILITY: Useppa Inn & Dock WWTP
 LOCATION: Useppa Island

CLASS SIZE:

N/A

MONITORING GROUP NUMBER:

R-001

MONITORING GROUP

Two rapid infiltration basins, with Influent

DESCRIPTION:

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


MONITORING PERIOD

From: 5/1/2011 To 5/31/2011

COUNTY: Lee
 OFFICE: South District

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		.0097						31		Meter
PARM Code 50050 1 Mon. Site No. FLW-01	Permit Requirement		0.020 (Mo. Avg.)	MGD						5 Days/Week	
Flow	Sample Measurement		.0097						31		
PARM Code 50050 Q Mon. Site No. FLW-01	Permit Requirement		0.020 (Mo. Avg.)	MGD						Monthly	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.167				12		
PARM Code 80082 Y Mon. Site No. EFF-1	Permit Requirement				20.0 (An. Avg.)		mg/L			Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					3			1		
PARM Code 80082 1 Mon. Site No. EFF-1	Permit Requirement				60.0 (Max.)	30.0 (Wk. Avg.)	30.0 (Mo. Avg.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				2.292				12		
PARM Code 00530 Y Mon. Site No. EFF-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					3.26			13		
PARM Code 00530 1 Mon. Site No. EFF-1	Permit Requirement				60.0 (Max.)	45.0 (Wk. Avg.)	30.0 (Mo. Avg.)	mg/L		Monthly	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate 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 (mm/dd/yyyy)
Eric Gadden		239-283-6078	6/28/11

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

1-850-412-0590

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Useppa Inn & Dock WWTP

MONITORING GROUP

R-001

PERMIT NUMBER: FLA014494-004-DW3P

NUMBER:

MONITORING PERIOD From: 5/1/2011 To:

5/31/2011

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				2.39			12		
PARM Code 74055 Y Mon. Site No. EFF-1	Permit Requirement				200 (An.Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement				2.62			13		
PARM Code 74055 1 Mon. Site No. EFF-1	Permit Requirement				200 (Mo.Geo.Mn.)	800 (Max.)	#/100mL		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement					64.2%	%	3	Months	
PARM Code 00180 P Mon. Site No. CAL-01	Permit Requirement					Report (Mo.Avg.)	percent		Monthly	Calculated
pH	Sample Measurement				7.4	8		27		
PARM Code 00400 1 Mon. Site No. EFF-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual(For Disinfection)	Sample Measurement				1.1	4.42		27		
PARM Code 50060 1 Mon. Site No. EFF-1	Permit Requirement				0.5 (Min.)	(Mo. Avg) (Max)	mg/L		5 Days/Week	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					3		1		
PARM Code 80082 Q Mon. Site No. EFF-1	Permit Requirement					30.0 (Mo.Avg.)	mg/L		Monthly	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					0.22		1		
PARM Code 00620 1 Mon. Site No. EFF-1	Permit Requirement					12.0 (Max.)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					3		1		
PARM Code 80082 R Mon. Site No. EFF-1	Permit Requirement					45.0 (Wk.Avg.)	mg/L		Weekly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					3		1		
PARM Code 80082 S Mon. Site No. EFF-1	Permit Requirement					60.0 (Max.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					12		13		
PARM Code 00530 Q Mon. Site No. EFF-1	Permit Requirement					5.0 (Max.)	mg/L		3 Days/Week	Grab



DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Useppa Inn & Dock WWTP

MONITORING GROUP

R-001

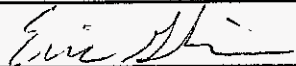
PERMIT NUMBER: FLA014494-004-DW3P

NUMBER:

MONITORING PERIOD From: 5/1/2011 To:

5/31/2011

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.4		27		
PARM Code 00400 Q Mon. Site No. EFF-1	Permit Requirement			6.0 (Min.)	s.u.		5 Days/Week	Grab
pH	Sample Measurement				8.0	27		
PARM Code 00400 R Mon. Site No. EFF-1	Permit Requirement				8.5 (Max.)	s.u.	5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				2.62	13		
PARM Code 74055 Q Mon. Site No. EFF-1	Permit Requirement				25 (Mo. Geo. Mn.)	#/100mL	3 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				0.22	1		
PARM Code 00620 Q Mon. Site No. EFF-1	Permit Requirement				12.0 (Max.)	mg/L	Bi-weekly; every 2 weeks	Grab
Chlorine, Total Residual	Sample Measurement			1.1		27		
PARM Code 50060 Q Mon. Site No. EFF-1	Permit Requirement			1.0 (Min.)	mg/L		5 Days/Week	Grab
BOD, Carbonaceous 5 day, 20C(Influent)	Sample Measurement				163	1		
PARM Code 80082 T Mon. Site No. INF-1	Permit Requirement				Report (Max.)	mg/L	Monthly	Grab
Solids, Total Suspended(Influent)	Sample Measurement				250	1		
PARM Code 00530 R Mon. Site No. INF-1	Permit Requirement				Report (Max.)	mg/L	Monthly	Grab
Flow	Sample Measurement	0.0128 Mar April May				3		
PARM Code 50050 1 Mon. Site No. FLW-01	Permit Requirement	Report (Qt. Avg.)	MGD				Quarterly	Meter
Flow	Sample Measurement	0.00977				12		
PARM Code 50050 Y Mon. Site No. FLW-01	Permit Requirement	Report (An. Avg.)	MGD				Annually	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.16	12		
PARM Code 80082 Y Mon. Site No. EFF-1	Permit Requirement				20.0 (An. Avg.)	mg/L	Annually	Grab

I certify under penalty of law that this document and all attachments were prepared	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
Eric Glidden		239-283-6078	6/28/11

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

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014494-004-DW3P

Facility: Useppa Inn & Dock WWTP

Monitoring Period From: 5/1/2011 To: 5/31/2011

	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual mg/L	Coliform, Fecal #/100mL	Nitrogen, Nitrate, Total (as N) mg/L	Solids, Total Suspended mg/L	pH a.u.	Flow MGD	BOD, Carbonaceous 5 day, 20C (Influent) mg/L	Solids, Total Suspended (Influent) mg/L
Code	80082	50060	74055	00620	00530	00400	50050	80082	00530
Mon. Site	EFF-1	EFF-1	EFF-1	EFF-1	EFF-1	EFF-1	FLW-01	INF-1	INF-1
1							.0146		
2		5				7.7	.0037		
3		8.7	20		4.1	7.9	.0137		
4		5.3				7.7	.0081		
5		6.6	1		2.2	7.7	.0078		
6		5.3	1		1.4	7.6	.0084		
7		5.3				7.7	.0090		
8							.0090		
9		5.5				7.8	.0068		
10		5.7				7.6	.0106		
11		3.8	1		12	7.5	.0051		
12	3	4.4	1	0.22	2.4	7.5	.0056	163	250
13		4.2	1		4.6	7.4	.0093		
14							.0093		
15		4.6				7.5	.0131		
16		4				7.5	.0087		
17		4.8	1		2.3	7.5	.0095		
18		4.4				7.5	.0122		
19		5.8	3		1.8	7.6	.0127		
20		5	1		2.7	7.6	.0153		
21		2.3				7.5	.0047		
22							.0047		
23		1.1				7.4	.0108		
24		7.6	1		2	8	.0116		
25		6.6				7.9	.0037		
26		2.4	1		0.6	7.7	.0113		
27		2	1		2.1	7.6	.0029		
28		2.6				7.6	.018		
29		2.2				7.8	.018		
30		2				7.8	.0134		
31		2.2	1		4.2	7.7	.0096		
Total	3	119.4	34	0.22	42.4	206.3	.3008	163	250
Mo. Avg.	3	4.42	2.62	0.22	3.26	7.64	.0097	163	250

PLANT STAFFING:

Day Shift Operator

Class:

C

Certificate No:

0012789

Name:

Eric Glidden

Evening Shift Operator

Class:

Certificate No:

Name:

Night Shift Operator

Class:

Certificate No:

Name:

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

1-390 712-0510

When Completed mail this report to: Department of Environmental Protection, 2295 Victoria Ave, Suite 364, Ft. Myers, FL 33901-3881

PERMITTEE NAME: Useppa Island Utility Co.
MAILING ADDRESS: Po Box 640
 Bokeelia, Florida 33922-640

PERMIT NUMBER: FLA014494-004-DW3P

LIMIT: Final
REPORT FREQUENCY: Monthly
PROGRAM: Domestic

FACILITY: Useppa Inn & Dock WWTP
LOCATION: Useppa Island
 Useppa Island, FL

CLASS SIZE: N/A
MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESCRIPTION: Two rapid infiltration basins, with Influent

COUNTY: Lee
OFFICE: South District

RE-SUBMITTED DMR: ☐
NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: 6/1/2011 To 6/30/2011

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		.0077						30		Meter
PARM Code 50050 1 Mon. Site No. FLW-01	Permit Requirement		0.020 (Mo. Avg.)	MGD						5 Days/Week	
Flow	Sample Measurement		.0077						30		
PARM Code 50050 Q Mon. Site No. FLW-01	Permit Requirement		0.020 (Mo. Avg.)	MGD						Monthly	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.17				12		
PARM Code 80082 Y Mon. Site No. EFF-1	Permit Requirement				20.0 (An. Avg.)		mg/L			Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2			1		
PARM Code 80082 1 Mon. Site No. EFF-1	Permit Requirement				60.0 (Max.)	30.0 (Wk. Avg.)	30.0 (Mo. Avg.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				2.44				12		
PARM Code 00530 Y Mon. Site No. EFF-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					2.68			13		
PARM Code 00530 1 Mon. Site No. EFF-1	Permit Requirement				60.0 (Max.)	45.0 (Wk. Avg.)	30.0 (Mo. Avg.)	mg/L		Monthly	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate 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 (mm/dd/yyyy)
<i>Eric J. J. J.</i>	<i>[Signature]</i>	231-283-	7/28/2011

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

6018

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Useppa Inn & Dock WWTP

MONITORING GROUP

R-001

PERMIT NUMBER: FLA014494-004-DW3P

NUMBER:

MONITORING PERIOD

From: 6/1/2011 To:

6/30/2011

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				2.41			12		
PARM Code 74055 Y Mon. Site No. EFF-1	Permit Requirement				200 (An.Avg.)		#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement				1.23			13		
PARM Code 74055 1 Mon. Site No. EFF-1	Permit Requirement				200 (Mo.Geo.Mn.)	800 (Max.)	#/100mL		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement					53	%	3	Months	
PARM Code 00180 P Mon. Site No. CAL-01	Permit Requirement					Report (Mo.Avg.)	percent		Monthly	Calculated
pH	Sample Measurement			7.4		7.9		26		
PARM Code 00400 1 Mon. Site No. EFF-1	Permit Requirement			6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Chlorine, Total Residual(For Disinfection)	Sample Measurement			1.2	5.30	11		26		
PARM Code 50060 1 Mon. Site No. EFF-1	Permit Requirement			0.5 (Min.)	(Mo. Avg)	(Max)	mg/L		5 Days/Week	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2		1		
PARM Code 80082 Q Mon. Site No. EFF-1	Permit Requirement					30.0 (Mo.Avg.)	mg/L		Monthly	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					2.16		1		
PARM Code 00620 1 Mon. Site No. EFF-1	Permit Requirement					12.0 (Max.)	mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2		1		
PARM Code 80082 R Mon. Site No. EFF-1	Permit Requirement					45.0 (Wk.Avg.)	mg/L		Weekly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2		1		
PARM Code 80082 S Mon. Site No. EFF-1	Permit Requirement					60.0 (Max.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					7.4		13		
PARM Code 00530 Q Mon. Site No. EFF-1	Permit Requirement					5.0 (Max.)	mg/L		3 Days/Week	Grab

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Useppa Inn & Dock WWTP

MONITORING GROUP

R-001

PERMIT NUMBER: FLA014494-004-DW3P

NUMBER:

MONITORING PERIOD From: 6/1/2011 To:

6/30/2011

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.4		26		
PARM Code 00400 Q	Permit Requirement			6.0 (Min.)	s.u.		5 Days/Week	Grab
pH	Sample Measurement			7.9		26		
PARM Code 00400 R	Permit Requirement			8.5 (Max.)	s.u.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			1.23		13		
PARM Code 74055 Q	Permit Requirement			25 (Mo. Geo. Mn.)	#/100mL		3 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			2.16		1		
PARM Code 00620 Q	Permit Requirement			12.0 (Max.)	mg/L		Bi-weekly; every 2 weeks	Grab
Chlorine, Total Residual	Sample Measurement			1.2		26		
PARM Code 50060 Q	Permit Requirement			1.0 (Min.)	mg/L		5 Days/Week	Grab
BOD, Carbonaceous 5 day, 20C (Influent)	Sample Measurement			226		1		
PARM Code 80082 T	Permit Requirement			Report (Max.)	mg/L		Monthly	Grab
Solids, Total Suspended (Influent)	Sample Measurement			302		1		
PARM Code 00530 R	Permit Requirement			Report (Max.)	mg/L		Monthly	Grab
Flow	Sample Measurement	.0106				3		
PARM Code 50050 1	Permit Requirement	May June July Report (Qt. Avg.)	MGD				Quarterly	Meter
Flow	Sample Measurement	.0096				12		
PARM Code 50050 Y	Permit Requirement	Report (An. Avg.)	MGD				Annually	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.17		12		
PARM Code 80082 Y	Permit Requirement			20.0 (An. Avg.)	mg/L		Annually	Grab

I certify under penalty of law that this document and all attachments were prepared	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
<i>Eric G. Miller</i>	<i>[Signature]</i>	239-283-6078	7/28/2011

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

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014494-004-DW3P

Facility: Useppa Inn & Dock WWTP

Monitoring Period From: 6/1/2011 To: 6/30/2011

	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual mg/L	Coliform, Fecal #/100mL	Nitrogen, Nitrate, Total (as N) mg/L	Solids, Total Suspended mg/L	pH s.u.	Flow MGD	BOD, Carbonaceous 5 day, 20C (Influent) mg/L	Solids, Total Suspended (Influent) mg/L	
Code	80082	50060	74055	00620	00530	00400	50050	80082	00530	
Mon. Site	EFF-1	EFF-1	EFF-1	EFF-1	EFF-1	EFF-1	FLW-01	INF-1	INF-1	
1		2.2				7.7	.0052			
2		7.6	3		2.7	7.8	.013			
3		3.4	1		1.8	7.6	.0066			
4		6.2				7.7	.007			
5							.007			
6		3				7.6	.0094			
7		2.6	1		7.4	7.5	.0081			
8		1.8				7.4	.0034			
9		11	1		1.6	7.6	.0064			
10	2	11	1	2.16	0.9	7.8	.0074	226	302	
11		3.2				7.6	.0078			
12							.0078			
13		5.9				7.7	.0071			
14		7.6	1		1.3	7.8	.0045			
15		4.6				7.7	.0112			
16		3.8	1		2.4	7.6	.008			
17		2.9	1		1.6	7.5	.009			
18		1.4				7.5	.008			
19							.008			
20		6.4				7.7	.0051			
21		8	1		1.3	7.9	.0072			
22		3.4				7.7	.0048			
23		1.2	1		2.4	7.5	.0072			
24		5	1		2.5	7.7	.0113			
25		6.6				7.8	.0095			
26							.0095			
27		6.5				7.9	.0073			
28		7.2	1		4.8	7.8	.009			
29		8.2				7.9	.007			
30		7	2		4.2	7.8	.0083			
31										
Total										
Mo. Avg.										

PLANT STAFFING:

Day Shift Operator

Class:

C

Certificate No:

0012789

Name:

Eric Glidden

Evening Shift Operator

Class:

Certificate No:

Name:

Night Shift Operator

Class:

Certificate No:

Name:

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, 2295 Victoria Ave, Suite 364, Ft. Myers, FL 33901-3881

PERMITTEE NAME: Useppa Island Utility Co.
MAILING ADDRESS: Po Box 640
 Bokeelia, Florida 33922-640

PERMIT NUMBER: FLA014494-004-DW3P

LIMIT: Final
REPORT FREQUENCY: Monthly
PROGRAM: Domestic

FACILITY: Useppa Inn & Dock WWTP
LOCATION: Useppa Island

CLASS SIZE: N/A
MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESCRIPTION: Two rapid infiltration basins, with Influent

Useppa Island, FL



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

From: 7/1/2011 To 7/31/2011

COUNTY: Lee
OFFICE: South District

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		.0088						31		Meter
PARM Code 50050 1 Mon. Site No. FLW-01	Permit Requirement		0.020 (Mo. Avg.)	MGD						5 Days/Week	
Flow	Sample Measurement		.0088						31		
PARM Code 50050 Q Mon. Site No. FLW-01	Permit Requirement		0.020 (Mo. Avg.)	MGD						Monthly	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.42			12		
PARM Code 80082 Y Mon. Site No. EFF-1	Permit Requirement					20.0 (An. Avg.)	mg/L			Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement						5		1		
PARM Code 80082 1 Mon. Site No. EFF-1	Permit Requirement				60.0 (Max.)	(Wk. Avg.)	30.0 (Mo. Avg.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					2.37			12		
PARM Code 00530 Y Mon. Site No. EFF-1	Permit Requirement					20.0 (An. Avg.)	mg/L			Monthly	Grab
Solids, Total Suspended	Sample Measurement						3.53		13		
PARM Code 00530 1 Mon. Site No. EFF-1	Permit Requirement				60.0 (Max.)	45.0 (Wk. Avg.)	30.0 (Mo. Avg.)	mg/L		Monthly	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate 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 (mm/dd/yyyy)
		237-283-1018	8/20/11

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Useppa Inn & Dock WWTP

MONITORING GROUP R-001

PERMIT NUMBER: FLA014494-004-DW3P

NUMBER:

MONITORING PERIOD From: 7/1/2011 To:

7/31/2011

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				1.20				12		
PARM Code 74055 Y Mon. Site No. EFF-1	Permit Requirement				200 (An.Avg.)			#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement				1				13		
PARM Code 74055 1 Mon. Site No. EFF-1	Permit Requirement				200 (Mo.Geo.Mn.)	800 (Max.)		#/100mL		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement					44		%	3	Months	
PARM Code 00180 P Mon. Site No. CAL-01	Permit Requirement					Report (Mo.Avg.)		percent		Monthly	Calculated
pH	Sample Measurement			7.3		8.0			26		
PARM Code 00400 1 Mon. Site No. EFF-1	Permit Requirement			6.0 (Min.)		8.5 (Max.)		s.u.		5 Days/Week	Grab
Chlorine, Total Residual(For Disinfection)	Sample Measurement			1	5.88	11			26		
PARM Code 50060 1 Mon. Site No. EFF-1	Permit Requirement			0.5 (Min.)	(Mo. Avg)	(Max)		mg/L		5 Days/Week	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					5			1		
PARM Code 80082 Q Mon. Site No. EFF-1	Permit Requirement					30.0 (Mo.Avg.)		mg/L		Monthly	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					6.4			1		
PARM Code 00620 1 Mon. Site No. EFF-1	Permit Requirement					12.0 (Max.)		mg/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					5			1		
PARM Code 80082 R Mon. Site No. EFF-1	Permit Requirement					45.0 (Wk.Avg.)		mg/L		Weekly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement					5			1		
PARM Code 80082 S Mon. Site No. EFF-1	Permit Requirement					60.0 (Max.)		mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					7.8			13		
PARM Code 00530 Q Mon. Site No. EFF-1	Permit Requirement					5.0 (Max.)		mg/L		3 Days/Week	Grab

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Useppa Inn & Dock WWTP

MONITORING GROUP

R-001

PERMIT NUMBER: FLA014494-004-DW3P

NUMBER:

MONITORING PERIOD From: 7/1/2011 To:

7/31/2011

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.3				13		
PARM Code 00400 Q Mon. Site No. EFF-1	Permit Requirement				6.0 (Min.)			s.u.		5 Days/Week	Grab
pH	Sample Measurement					8			13		
PARM Code 00400 R Mon. Site No. EFF-1	Permit Requirement					8.5 (Max.)		s.u.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement					1			13		
PARM Code 74055 Q Mon. Site No. EFF-1	Permit Requirement					25 (Mo. Geo. Mn.)		#/100mL		3 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					6.4			1		
PARM Code 00620 Q Mon. Site No. EFF-1	Permit Requirement					12.0 (Max.)		mg/L		Bi-weekly; every 2 weeks	Grab
Chlorine, Total Residual	Sample Measurement				1				13		
PARM Code 50060 Q Mon. Site No. EFF-1	Permit Requirement				1.0 (Min.)			mg/L		5 Days/Week	Grab
BOD, Carbonaceous 5 day, 20C(Influent)	Sample Measurement					50			1		
PARM Code 80082 T Mon. Site No. INF-1	Permit Requirement					Report (Max.)		mg/L		Monthly	Grab
Solids, Total Suspended(Influent)	Sample Measurement					18			1		
PARM Code 00530 R Mon. Site No. INF-1	Permit Requirement					Report (Max.)		mg/L		Monthly	Grab
Flow	Sample Measurement		.0087 May June July						3		
PARM Code 50050 I Mon. Site No. FLW-01	Permit Requirement		Report (Qt. Avg.)	MGD						Quarterly	Meter
Flow	Sample Measurement		.0097						12		
PARM Code 50050 Y Mon. Site No. FLW-01	Permit Requirement		Report (An. Avg.)	MGD						Annually	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.42				12		
PARM Code 80082 Y Mon. Site No. EFF-1	Permit Requirement					20.0 (An. Avg.)		mg/L		Annually	Grab

I certify under penalty of law that this document and all attachments were prepared	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
<i>Gail Bladden</i>	<i>[Signature]</i>	234-209-6076	7/26/11

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

DAILY SAMPLE RESULTS - PART B

 Permit Number: **FLA014494-004-DW3P**

 Facility: **Useppa Inn & Dock WWTP**

 Monitoring Period **From: 7/1/2011 To: 7/31/2011**

	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual mg/L	Coliform, Fecal #/100mL	Nitrogen, Nitrate, Total (as N) mg/L	Solids, Total Suspended mg/L	pH s.u.	Flow MGD	BOD, Carbonaceous 5 day, 20C (Influent) mg/L	Solids, Total Suspended (Influent) mg/L
Code	80082	50060	74055	00620	00530	00400	50050	80082	00530
Mon. Site	EFF-1	EFF-1	EFF-1	EFF-1	EFF-1	EFF-1	FLW-01	INF-1	INF-1
1		6.4	1		2.9	7.8	.0132		
2		8				8	.0117		
3							.0117		
4		7.6				8	.0252		
5		5	1		4.2	7.8	.0118		
6		3.2				7.6	.0102		
7		2.4	1		5.0	7.5	.0095		
8		1.0	1		7.8	7.6	.0105		
9							.0105		
10		2.9				7.6	.0072		
11		1.7				7.5	.0058		
12		1.9	1		1.9	7.5	.0101		
13		1.2				7.4	.0069		
14	5	11	1	6.4	1.7	7.9	.0126	50	18
15		5.1	1		7	7.6	.0091		
16		2.3				7.5	.0105		
17							.0105		
18		6.7				7.6	.0071		
19		11	1		7	7.8	.0051		
20		11				7.7	.0036		
21		6.2	1		4.1	7.7	.0025		
22		4.6	1		2.0	7.3	.0102		
23							.0102		
24		8.6				7.3	.0056		
25		3.9				7.3	.0057		
26		4.1	1		0.7	7.3	.0066		
27		6.2				7.4	.0035		
28		11	1		0.8	7.7	.0058		
29		10.3	1		0.8	7.8	.0079		
30		9.6				7.7	.0063		
31							.0063		
Total	5	152.9	13	6.4	45.9	197.9	.2734	50	18
Mo. Avg.	5	5.88	1	6.4	3.53	7.61	.088	50	18

PLANT STAFFING:

Day Shift Operator	Class: <u>C</u>	Certificate No: <u>0012789</u>	Name: <u>Eric Glidden</u>
Evening Shift Operator	Class: _____	Certificate No: _____	Name: _____
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, 2295 Victoria Ave, Suite 364, Ft. Myers, FL 33901-3881

PERMITTEE NAME: Useppa Island Utility Co.
MAILING ADDRESS: Po Box 640
Bokeelia, Florida 33922-640

PERMIT NUMBER:

FLA014494-004-DW3P

LIMIT:

Final

REPORT

Monthly

FREQUENCY:

FACILITY: Useppa Inn & Dock WWTP
LOCATION: Useppa Island

CLASS SIZE:

N/A

PROGRAM:

Domestic

MONITORING GROUP NUMBER:

R-001

MONITORING GROUP

Two rapid infiltration basins, with Influent

DESCRIPTION:

RE-SUBMITTED DMR: ☐

NO DISCHARGE FROM SITE: ☐


MONITORING PERIOD

From: 8/1/2011 To 8/31/2011

COUNTY: Lee
OFFICE: South District

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		.00634						31		Meter
PARM Code 50050 1 Mon. Site No. FLW-01	Permit Requirement		0.020 (Mo.Avg.)	MGD						5 Days/Week	
Flow	Sample Measurement		.00634						31		
PARM Code 50050 Q Mon. Site No. FLW-01	Permit Requirement		0.020 (Mo.Avg.)	MGD						Monthly	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.42			12		
PARM Code 80082 Y Mon. Site No. EFF-1	Permit Requirement					20.0 (An.Avg.)	mg/L			Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement						2		1		
PARM Code 80082 1 Mon. Site No. EFF-1	Permit Requirement				60.0 (Max.)	(Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement					2.56			12		
PARM Code 00530 Y Mon. Site No. EFF-1	Permit Requirement					20.0 (An.Avg.)	mg/L			Monthly	Grab
Solids, Total Suspended	Sample Measurement						1.45		13		
PARM Code 00530 1 Mon. Site No. EFF-1	Permit Requirement				60.0 (Max.)	45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Monthly	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate 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 (mm/dd/yyyy)
	Eric G. Hadden	238-283	09/30/2011

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

6078

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Useppa Inn & Dock WWTP

MONITORING GROUP

R-001

PERMIT NUMBER: FLA014494-004-DW3P

NUMBER:

MONITORING PERIOD From: 8/1/2011 To:

8/31/2011

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement			2.35		12		
PARM Code 74055 Y Mon. Site No. EFF-1	Permit Requirement			200 (An.Avg.)	#/100mL		Monthly	Grab
Coliform, Fecal	Sample Measurement			1		12		
PARM Code 74055 1 Mon. Site No. EFF-1	Permit Requirement			200 (Mo.Geo.Mn.)	800 (Max.)	#/100mL	Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				38.1	%	3	Months
PARM Code 00180 P Mon. Site No. CAL-01	Permit Requirement				Report (Mo.Avg.)	percent	Monthly	Calculated
pH	Sample Measurement			7.5	7.9		27	
PARM Code 00400 1 Mon. Site No. EFF-1	Permit Requirement			6.0 (Min.)	8.5 (Max.)	s.u.	5 Days/Week	Grab
Chlorine, Total Residual(For Disinfection)	Sample Measurement			1.2	7.04	11	27	
PARM Code 50060 1 Mon. Site No. EFF-1	Permit Requirement			0.5 (Min.)	(Mo. Avg)	(Max)	mg/L	5 Days/Week
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2		1	
PARM Code 80082 Q Mon. Site No. EFF-1	Permit Requirement				30.0 (Mo.Avg.)	mg/L	Monthly	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				3.65		1	
PARM Code 00620 1 Mon. Site No. EFF-1	Permit Requirement				12.0 (Max.)	mg/L	Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2		1	
PARM Code 80082 R Mon. Site No. EFF-1	Permit Requirement				45.0 (Wk.Avg.)	mg/L	Weekly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2		1	
PARM Code 80082 S Mon. Site No. EFF-1	Permit Requirement				60.0 (Max.)	mg/L	Monthly	Grab
Solids, Total Suspended	Sample Measurement				3.0		13	
PARM Code 00530 Q Mon. Site No. EFF-1	Permit Requirement				5.0 (Max.)	mg/L	3 Days/Week	Grab

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Useppa Inn & Dock WWTP

MONITORING GROUP R-001

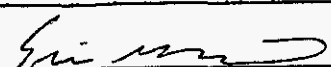
PERMIT NUMBER: FLA014494-004-DW3P

NUMBER:

MONITORING PERIOD From: 8/1/2011 To:

8/31/2011

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.5		27		
PARM Code 00400 Q Mon. Site No. EFF-1	Permit Requirement			6.0 (Min.)	s.u.		5 Days/Week	Grab
pH	Sample Measurement			7.9		27		
PARM Code 00400 R Mon. Site No. EFF-1	Permit Requirement			8.5 (Max.)	s.u.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			1		12		
PARM Code 74055 Q Mon. Site No. EFF-1	Permit Requirement			25 (Mo. Geo. Mn.)	#/100mL		3 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			3.65		1		
PARM Code 00620 Q Mon. Site No. EFF-1	Permit Requirement			12.0 (Max.)	mg/L		Bi-weekly; every 2 weeks	Grab
Chlorine, Total Residual	Sample Measurement			1.2		27		
PARM Code 50060 Q Mon. Site No. EFF-1	Permit Requirement			1.0 (Min.)	mg/L		5 Days/Week	Grab
BOD, Carbonaceous 5 day, 20C(Influent)	Sample Measurement			102		1		
PARM Code 80082 T Mon. Site No. INF-1	Permit Requirement			Report (Max.)	mg/L		Monthly	Grab
Solids, Total Suspended(Influent)	Sample Measurement			110		1		
PARM Code 00530 R Mon. Site No. INF-1	Permit Requirement			Report (Max.)	mg/L		Monthly	Grab
Flow	Sample Measurement	.0076 June July August				3		
PARM Code 50050 I Mon. Site No. FLW-01	Permit Requirement	Report (Qt. Avg.)	MGD				Quarterly	Meter
Flow	Sample Measurement	.0094				12		
PARM Code 50050 Y Mon. Site No. FLW-01	Permit Requirement	Report (An. Avg.)	MGD				Annually	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.42		12		
PARM Code 80082 Y Mon. Site No. EFF-1	Permit Requirement			20.0 (An. Avg.)	mg/L		Annually	Grab

I certify under penalty of law that this document and all attachments were prepared	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (mm/dd/yyyy)
	Eric Glidden	238-283-	9/30/2011

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

6078

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014494-004-DW3P

Facility: Useppa Inn & Dock WWTP

Monitoring Period From: 8/1/2011 To: 8/31/2011

	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual mg/L	Coliform, Fecal #/100mL	Nitrogen, Nitrate, Total (as N) mg/L	Solids, Total Suspended mg/L	pH s.u.	Flow MGD	BOD, Carbonaceous 5 day, 20C (Influent) mg/L	Solids, Total Suspended (Influent) mg/L
Code	80082	50060	74055	00620	00530	00400	50050	80082	00530
Mon. Site	EFF-1	EFF-1	EFF-1	EFF-1	EFF-1	EFF-1	FLW-01	INF-1	INF-1
1		3.7				7.7	.0026		
2		1.4	1		1.1	7.6	.0074		
3		2.8				7.8	.0047		
4		8.9	1		1.7	7.8	.0073		
5		3.6	1		3.0	7.6	.0095		
6		1.2				7.6	.0074		
7							.0074		
8		3.6				7.5	.0070		
9	2	4.4	1	3.65	1.6	7.6	.0052	102	110
10		11				7.8	.0076		
11		7.1	1		2	7.7	.0073		
12		11	1		1.6	7.6	.0102		
13		7.2				7.6	.0106		
14							.0106		
15		9.8				7.7	.0057		
16		11	1		1	7.8	.0086		
17		1.3				7.7	.0051		
18		11	1		0.6	7.8	.0062		
19		11	1		1.1	7.9	.0091		
20		11				7.9	.0044		
21							.0045		
22		11				7.8	.0044		
23		11	1		0.7	7.9	.0080		
24		2.7				7.7	.0033		
25		3.9			1	7.7	.0063		
26		11	1		1.5	7.8	.0053		
27		1.3				7.6	.0030		
28							.0030		
29		11				7.6	.0044		
30		11	1		1.9	7.6	.0075		
31		7.1				7.8	.0091		
Total	2	191	12	3.65	18.8	208.2	.2027	102	110
Mo. Avg.	2	7.07	1	3.65	1.45	7.7	.006	102	110

PLANT STAFFING:

Day Shift Operator

 Class: C Certificate No: 0012789 Name: Eric Glidden

Evening Shift Operator

Class: _____ Certificate No: _____ Name: _____

Night Shift Operator

Class: _____ Certificate No: _____ Name: _____

Item
#5

INSTRUMENT CALIBRATION SHEET

JOB		INSTRUMENT		PROCESS INFORMATION	
NUMBER:	96387	MANUFACTURER:	NEW	TAG ID:	NA
NAME:	Useppa Island Club	MODEL #:	n/a 3"	LOCATION:	Well 1
		SERIAL #:	n/a	FUNCTION:	Flow
FUNCTIONS			ALARM SETTINGS		
<input type="checkbox"/> INDICATOR	<input checked="" type="checkbox"/> INFORMATION	UNITS:	GALLONS	HI-HI:	LO-LO:
<input type="checkbox"/> TRANSMITTER	<input type="checkbox"/> SWITCH	RANGE:	NA	HI:	LO:
<input type="checkbox"/> RECORDER	<input type="checkbox"/> CONTROL	ACTION:	Direct / Reverse	HI DEADBAND:	LO DEADBAND:
<input checked="" type="checkbox"/> TOTALIZER	<input type="checkbox"/> OTHER	DIFFERENTIAL:	Fixed / Adjustable	DEADBAND:	Fixed / Adjustable
<input type="checkbox"/> POSITIONER		RESET:	Automatic / Manual		
CALIBRATION EQUIPMENT					
BUFFERS USED:		CALIBRATIONS			
UNITS:		INPUT SPAN:		UNITS:	
TEST GAUGE RANGE:		OUTPUT SPAN:		UNITS:	
SIGNAL CALIBRATOR:		ALT:		UNITS:	
		CONSTANT:			
REMARKS / NOTES: New meter installed 12/17/09					
SENSOR: NA					

INSTRUMENT CALIBRATION SHEET

JOB	INSTRUMENT	PROCESS INFORMATION
NUMBER: <u>96387</u>	MANUFACTURER: <u>Great Lakes Instrument</u>	TAG ID: <u>NA</u>
NAME: <u>Useppa Island Club</u>	MODEL #: <u>675F3C1BON</u>	LOCATION: <u>Product</u>
	SERIAL #: <u>9707560004</u>	FUNCTION: <u>Flow</u>

FUNCTIONS	ALARM SETTINGS
<input checked="" type="checkbox"/> INDICATOR <input type="checkbox"/> INFORMATION UNITS: <u>GPM</u> <input type="checkbox"/> TRANSMITTER <input type="checkbox"/> SWITCH RANGE: <u>0-50</u> <input type="checkbox"/> RECORDER <input type="checkbox"/> CONTROL ACTION: <u>Direct / Reverse</u> <input checked="" type="checkbox"/> TOTALIZER <input type="checkbox"/> OTHER DIFFERENTIAL: <u>Fixed / Adjustable</u> <input type="checkbox"/> POSITIONER RESET: <u>Automatic / Manual</u>	HI-HI: _____ LO-LO: _____ HI: _____ LO: _____ HI DEADBAND: _____ LO DEADBAND: _____ DEADBAND: <u>Fixed / Adjustable</u> DEADBAND: <u>Fixed / Adjustable</u>

CALIBRATION EQUIPMENT	
BUFFERS USED: _____ UNITS: _____ TEST GAUGE RANGE: _____ SIGNAL CALIBRATOR: <u>Controlotron System</u> <u>1010 Ultrasonic meter</u>	<div style="text-align: center;">CALIBRATIONS</div> INPUT SPAN: _____ UNITS: _____ OUTPUT SPAN: _____ UNITS: _____ ALT: _____ UNITS: _____ CONSTANT: _____

REMARKS / NOTES:	New Slope = 1.7294 New vol/pls = 0.0288 Flow meter was 1.9 gpm high
Old slope = 1.6263 old vol/pls = 0.0310	flow meter was 4.88 gpm low 3/12/2009
Old slope = 1.6503 Old vol/pls = 0.0285	10/20/2009
SENSOR: <u>F1A11A1</u>	<u>1 1/2" Mounting Tee</u>

INSTRUMENT CALIBRATION SHEET

JOB		INSTRUMENT		PROCESS INFORMATION	
NUMBER: 96387		MANUFACTURER: Great Lakes Instruments		TAG ID: NA	
NAME: Useppa Island Club		MODEL #: 675F3C1BON		LOCATION: Concentrate	
		SERIAL #: 9703560005		FUNCTION: Flow	
FUNCTIONS			ALARM SETTINGS		
<input checked="" type="checkbox"/> INDICATOR	<input checked="" type="checkbox"/> INFORMATION	UNITS: GPM	HI-HI: _____	LO-LO: _____	
<input type="checkbox"/> TRANSMITTER	<input type="checkbox"/> SWITCH	RANGE: 0-50	HI: _____	LO: _____	
<input type="checkbox"/> RECORDER	<input type="checkbox"/> CONTROL	ACTION: Direct / Reverse	HI DEADBAND: _____	LO DEADBAND: _____	
<input checked="" type="checkbox"/> TOTALIZER	<input type="checkbox"/> OTHER	DIFFERENTIAL: Fixed / Adjustable	DEADBAND: Fixed /	DEADBAND: Fixed /	
<input type="checkbox"/> POSITIONER		RESET: Automatic / Manual	Adjustable	Adjustable	
CALIBRATION EQUIPMENT					
BUFFERS USED: _____		CALIBRATIONS			
UNITS: _____		INPUT SPAN: _____	UNITS: _____		
TEST GAUGE RANGE: _____		OUTPUT SPAN: _____	UNITS: _____		
SIGNAL CALIBRATOR: Controlotron System		ALT: _____	UNITS: _____		
1010 Ultrasonic meter		CONSTANT: _____			
REMARKS / NOTES: New slope = 1.5545 New vol/pls = 0.0259 flow was 2.6 gpm low					
Old slope = 1.6503 Old vol/pls = 0.0274 flow was 2 gpm low 3/12/2009					
SENSOR: F1A11A1		1 1/2" Mounting Tee			

HYDROPRO, INC. • 990 W. 15th STREET • RIVIERA BEACH, FL 33404 • Tel: 561-848-6788 • Fax: 561-881-0315

CALIBRATED BY: RBW
DATE: 12/17/2009

252.67

416,771

379,025

INSTRUMENT CALIBRATION SHEET

JOB		INSTRUMENT		PROCESS INFORMATION	
NUMBER: _____	NAME: <u>Useppa utility</u>	MANUFACTURER: <u>2" master meter</u>		TAG ID: _____	
		MODEL #: <u>2665252</u>		LOCATION: <u>WWTP</u>	
		SERIAL #: _____		FUNCTION: <u>Effluent</u> <u>flow meter</u>	
FUNCTIONS			ALARM SETTINGS		
<input type="checkbox"/> INDICATOR	<input type="checkbox"/> INFORMATION	UNITS: <u>GPM</u>	HI-HI: <u>N/A</u>	LO-LO: <u>N/A</u>	
<input type="checkbox"/> TRANSMITTER	<input type="checkbox"/> SWITCH	RANGE: <u>0-80</u>	HI: <u>N/A</u>	LO: <u>N/A</u>	
<input type="checkbox"/> RECORDER	<input type="checkbox"/> CONTROL	ACTION: <u>Direct / Reverse</u>	HI DEADBAND: <u>N/A</u>	LO DEADBAND: <u>N/A</u>	
<input type="checkbox"/> TOTALIZER	<input type="checkbox"/> OTHER	DIFFERENTIAL: <u>Fixed / Adjustable</u>	DEADBAND: <u>Fixed /</u>	DEADBAND: <u>Fixed /</u>	
<input type="checkbox"/> POSITIONER		RESET: <u>Automatic / Manual</u>	<u>Adjustable</u>	<u>Adjustable</u>	
CALIBRATION EQUIPMENT					
BUFFERS USED: _____		CALIBRATIONS			
UNITS: _____		INPUT SPAN: _____	UNITS: _____		
TEST GAUGE RANGE: _____		OUTPUT SPAN: _____	UNITS: _____		
SIGNAL CALIBRATOR: _____		ALT: _____	UNITS: _____		
		CONSTANT: _____			
REMARKS / NOTES: <u>* Pumped ww flow meter into 150 gallon tank. Flow meter start 446285.72</u>					
<u>Flow meter end 446287.35 difference of 163 gallons. 163 - 150 gallons = 13 gallons</u>					
<u>difference. 13 ÷ 150 = 8.67 % meter running 8.67 % high.</u>					
<u>New flow meter ordered on 3/24/10 to replace</u>					

CALIBRATED BY: Eric Gladden
DATE: 3/21/10

INSTRUMENT CALIBRATION SHEET

JOB	INSTRUMENT	PROCESS INFORMATION
NUMBER: _____	MANUFACTURER: <u>2" Amco 4200 flow meter</u>	TAG ID: _____
NAME: <u>Useppa utility</u>	MODEL #: <u>2665252</u>	LOCATION: <u>WWTP</u>
	SERIAL #: _____	FUNCTION: <u>Effluent</u> <u>Flow meter</u>

FUNCTIONS	ALARM SETTINGS
<input type="checkbox"/> INDICATOR <input type="checkbox"/> INFORMATION UNITS: <u>GPM</u> <input type="checkbox"/> TRANSMITTER <input type="checkbox"/> SWITCH RANGE: <u>0-80</u> <input type="checkbox"/> RECORDER <input type="checkbox"/> CONTROL ACTION: <u>Direct / Reverse</u> <input type="checkbox"/> TOTALIZER <input type="checkbox"/> OTHER DIFFERENTIAL: <u>Fixed / Adjustable</u> <input type="checkbox"/> POSITIONER RESET: <u>Automatic / Manual</u>	HI-HI: <u>N/A</u> LO-LO: <u>N/A</u> HI: <u>N/A</u> LO: <u>N/A</u> HI DEADBAND: <u>N/A</u> LO DEADBAND: <u>N/A</u> DEADBAND: <u>Fixed / Adjustable</u> DEADBAND: <u>Fixed / Adjustable</u>

CALIBRATION EQUIPMENT		
BUFFERS USED:	CALIBRATIONS	
UNITS: _____	INPUT SPAN: _____	UNITS: _____
TEST GAUGE RANGE: _____	OUTPUT SPAN: _____	UNITS: _____
SIGNAL CALIBRATOR: _____	ALT: _____	UNITS: _____
	CONSTANT: _____	

REMARKS / NOTES: * Pumped ww flow meter into 300 gallon tank. Flow meter start 1757
Flow meter end 1759 end difference of 200 gallons. Actual gallons - approximately
202. difference of 2 gallons. $2 \text{ gallons} / 200 = .01$ meter reading 1% high
New meter installed 6/30/10

CALIBRATED BY: Eric Gladden
DATE: 7/30/2010

INSTRUMENT CALIBRATION SHEET

JOB		INSTRUMENT		PROCESS INFORMATION	
NUMBER:	96387	MANUFACTURER:	Rockwell International	TAG ID:	NA
NAME:	Useppa Island Club	MODEL #:	W-350 3"	LOCATION:	New Well #4
		SERIAL #:	22766817	FUNCTION:	Flow
FUNCTIONS				ALARM SETTINGS	
<input type="checkbox"/> INDICATOR	<input checked="" type="checkbox"/> INFORMATION	UNITS:	GALLONS	HI-HI:	LO-LO:
<input type="checkbox"/> TRANSMITTER	<input type="checkbox"/> SWITCH	RANGE:	NA	HI :	LO:
<input type="checkbox"/> RECORDER	<input type="checkbox"/> CONTROL	ACTION:	Direct / Reverse	HI DEADBAND:	LO DEADBAND:
<input checked="" type="checkbox"/> TOTALIZER	<input type="checkbox"/> OTHER	DIFFERENTIAL:	Fixed / Adjustable	DEADBAND:	Fixed / Adjustable
<input type="checkbox"/> POSITIONER		RESET:	Automatic / Manual		
CALIBRATION EQUIPMENT					
BUFFERS USED:		CALIBRATIONS			
UNITS:		INPUT SPAN:		UNITS:	
TEST GAUGE RANGE:		OUTPUT SPAN:		UNITS:	
SIGNAL CALIBRATOR:		ALT:		UNITS:	
		CONSTANT:			
REMARKS / NOTES: Calculated difference = 0.7% no change 3/12/2009					
Meter recorded 100 Gallons in 89.05 seconds for 67.38 GPM.					
Total of calibrated meters was 67.8 GPM. Difference of 0.6% 12/17/2009					
SENSOR: NA					

HYDROPRO, INC. • 990 W. 15th STREET • RIVIERA BEACH, FL 33404 • Tel: 561-848-6788 • Fax: 561-881-0315

CALIBRATED BY: RBW
DATE: 12/17/2009



USEPPA ISLAND SERVICE DEPARTMENT

PHONE: 239/283-6078

FAX: 239/283-6079

Item
6

FAX COVER SHEET

To:

From:

Eric Glidden

Attn:

Jerry m9

Pages:

3

Fax:

274-2201

Date:

1/30/08

Re:

Nitrate/Nitrite

CC:

☐ **Urgent**

☐ **For Review**

Letter

☐ **Please Comment**

☐ **Please Reply**

● **Comments:**

Drinking Water Notice

Monitoring requirements not meet for Useppa Utility Company

We violated a drinking water standard. Even though this was not an emergency, as our customers, you have a right to know what happened and what we are doing to correct this situation.

We are required to monitor your drinking water for specific contaminants on a regular basis. Results of regular monitoring are an indication of whether or not your drinking water meets health standards. During December 2007 we did not monitor or test for Nitrate and Nitrite and therefore cannot be sure of the quality of our drinking water during that time. Make-up samples for Nitrate and Nitrite were collected on January 16, 2008. The results were satisfactory.

What This Means

There is nothing you need to do at this time. The table below lists the contaminant(s) we did not properly test for, how often we are supposed to sample for them and how many samples we are supposed to take, how many samples we took, when samples should have been taken, and the date on which follow-up samples were (or will be) taken.

Contaminant	Required sampling frequency	Number of samples taken	When all samples should have been taken	When samples were or will be taken
Nitrate & Nitrite	Annually	1 sample each from the plant entry to the distribution	In the year of 2007 Samples were not taken during 2007	Make-up Samples were taken on January 16, 2008

Steps We Are Taking

Nitrate and Nitrite samples were collected and submitted to a laboratory on January 16, 2008, the results were .01 mg/L for Nitrate and .01 mg/l for Nitrite. For more information, please contact Eric Glidden at 239-283-6078.



State Water System ID #: 5360299

Date distributed: 1/30/08



INSTRUCTIONS: The supplier of water, within ten days of completion of each public notification requirement pursuant to Part IV of Chapter 62-560, Florida Administrative Code, shall submit to the appropriate Department of Environmental Protection District Office or Approved County Health Department a completed DEP Form 62-555.900(22), Certification of Delivery of Public Notice, and include with the form a representative copy of each type of notice distributed, published, posted, and made available to the persons served by the system, and the media. All information provided on this form shall be typed or printed in ink.

I. General Information		
Public Water System (PWS) Name: <u>USEPPA Utility Company</u>		
PWS ID: <u>5360299</u>		
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community		
PWS Owner: <u>Garfield Beckstead</u>		
Contact Person:	<u>Eric Glidden</u>	Contact Person's Title: <u>Utility Manager</u>
Contact Person's Mailing Address:	<u>P.O. Box 640</u>	
City:	<u>Bekeelia</u>	State: <u>FL</u> Zip Code: <u>33922</u>
Contact Person's Telephone Number:	<u>239-283-6678</u>	Contact Person's Fax Number: <u>239-283-6679</u>
Contact Person's E-Mail Address:	<u>Eric@useppa.com</u>	

II. Certification						
For Violation/Situation: <u>Missed 2007 Nitrate / Nitrite Sample</u>						
Date of Occurrence: <u>1/1/07 - 12/31/07</u>						
Consultation Date: <u>1/16/08 During Sanitary Survey / 1/29/08 At Engineering Dept</u>						
Delivery Methods:	<input type="checkbox"/> Radio/TV	<input checked="" type="checkbox"/> Mail	<input type="checkbox"/> Newspaper	<input checked="" type="checkbox"/> Hand Delivery	<input checked="" type="checkbox"/> Posting	<input type="checkbox"/> Other (describe)
Delivery Date/s:		<u>1/30/08</u>		<u>1/30/08 to Fire Dept.</u>	<u>1/30/08</u>	

I am duly authorized to sign this form on behalf of the public water system identified in Part I of this form. I certify that the information provided on this form is correct to the best of my knowledge and that public notice has been provided to consumers in accordance with the delivery, content, and format requirements and deadlines in Chapter 62-560, Florida Administrative Code.

Signature and Date	<u>Eric Glidden</u>	<u>1/30/08</u>	Printed or Typed Name	<u>Utility Manager</u>	Title	<u>Eric Glidden</u>
--------------------	---------------------	----------------	-----------------------	------------------------	-------	---------------------

Drinking Water Notice

Monitoring requirements not meet for Useppa Utility Company

We violated a drinking water standard. Even though this was not an emergency, as our customers, you have a right to know what happened and what we are doing to correct this situation.

We are required to monitor your drinking water for specific contaminants on a regular basis. Results of regular monitoring are an indication of whether or not your drinking water meets health standards. During ~~December~~ 2007 we did not monitor or test for Nitrate and Nitrite and therefore cannot be sure of the quality of our drinking water during that time. Make-up samples for Nitrate and Nitrite were collected on January 16, 2008. The results were satisfactory.

What This Means

There is nothing you need to do at this time. The table below lists the contaminant(s) we did not properly test for, how often we are supposed to sample for them and how many samples we are supposed to take, how many samples we took, when samples should have been taken, and the date on which follow-up samples were (or will be) taken.

Contaminant	Required sampling frequency	Number of samples taken	When all samples should have been taken	When samples were or will be taken
Nitrate & Nitrite	Annually	1 sample each from the plant entry to the distribution	In the year of 2007 Samples were not taken during 2007	Make-up Samples were taken on January 16, 2008

Steps We Are Taking

Nitrate and Nitrite samples were collected and submitted to a laboratory on January 16, 2008, the results were .01 mg/L for Nitrate and .01 mg/l for Nitrite. For more information, please contact Eric Glidden at 239-283-6078.

State Water System ID #: 5360299

Date distributed: 1/30/08



Charlie Crist
Governor

Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General

CERTIFIED MAIL #
RETURN RECEIPT REQUESTED

January 25, 2008

Mr. Eric Glidden
Useppa Island Club
P.O. Box 640
Bokeelia, Florida 33922

Reference: Useppa Island Club, PWS ID Number: 5360299. WARNING LETTER.

Dear Mr. Glidden:

The purpose of this letter is to advise you of possible violations of law for which Useppa Island Club may be responsible, and to seek your cooperation in resolving the matter. Lee County Health Department (Lee CHD) records indicate that violations of Florida Statutes and Rules may have occurred in the Useppa Island Club water system. During the period between January 2007 to December 2007 (inclusive), the annual samples required for Nitrate and Nitrite were not collected.

Rule 62-550.512(1), F.A.C., requires Useppa Island Club to monitor annually for Nitrate and Nitrite. After the violation occurred, the public should be notified pursuant to Rule 62-560.410(3), F.A.C. (no later than three months after the system learns of the violation). We have not yet received a sample copy of the notice and a copy of the public notice certification. It is required to be mailed or hand delivered and by publication in a daily newspaper of general circulation or by publication in a weekly newspaper of general circulation serving the area according to Rule 62-560.410(3)(b), F.A.C. Rule 62-560.310(1)(h), F.A.C., requires Useppa Island Club to take corrective action, approved by the LCHD, to meet the applicable monitoring standard by submitting evidence to the LCHD as requested in the previous non-compliance letter dated January 14, 2008. No action plan seems to have been received by this office as of today. We also noticed several operational deficiencies during our inspection and sanitary survey which are not in compliance of Rule 62-555.F.A.C.

An authorized representative of the Useppa Island Club is requested to attend a meeting at the Lee County Health Department, Environmental Engineering, located at 60 Danley Drive, Unit #1, Fort Myers, FL 33907, on Tuesday, January 29, 2008 at 1:00 PM to discuss the issues raised in this Warning Letter. If you have any questions regarding this letter or need to reschedule the meeting, please contact me at (239) 274-2217. 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. Please be advised that this Warning Letter is part of an agency investigation, preliminary to agency action in accordance with Section 120.57(5), Florida Statutes. We look forward to your cooperation in completing the investigation and resolution of this matter.

Sincerely,

Jerry W. Ma, P.E.
Environmental Engineering



LEE COUNTY HEALTH DEPARTMENT
Judith Harmer, M.D., M.P.H.
Director

REPLY TO: Environmental Engineering
60 Danley Drive, Unit #1
(239) 274-2200 Ft. Myers, Florida 33907



SHORT FORM CONSENT ORDER

February 15, 2008

Eric Glidden
Useppa Island Club
P.O. Box 640
Bokeelia, Florida 33922

SUBJECT: Proposed Settlement of Missing Nitrate & Nitrite Compliance Samples in 2007
DOH File No.: _PWS 5360299_

Dear Mr. Glidden:

The purpose of this letter is to complete the resolution of the matter previously identified by the Department in the Noncompliance letter dated January 14, 2008 and the Warning Letter dated January 25, 2008, copies of which are attached. 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 \$500 for violation of Chapter 62-550.730(1)(a), F.A.C., along with \$ 250 to reimburse the Department costs, for a total of \$750.

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 Health by cashier's check or money order and shall include the DOH File Number assigned above. Payment shall be sent to the Department of Health, 60 Danley Drive, Fort Myers, FL 33907, on or before March 15, 2008 .

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 February 29, 2008, 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 is determined by this letter unless you sign it and it is filed with the Department Clerk.

Sincerely,


Environmental Engineering Director



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.

SHORT FORM CONSENT ORDER
PAGE TWO

I, Eric Glidden on behalf of Useppa Island Club,

HEREBY ACCEPT THE TERMS OF THE SETTLEMENT OFFER IDENTIFIED ABOVE.

For Useppa Island Club:

By: Eric Glidden

Date: 2/29/08

For Department Use Only

Done and Entered into this _____ day of _____
20____, in _____, Florida.

State of Florida

Lee County Health Department

Environmental Engineering Director

FILING AND ACKNOWLEDGEMENT FILED, on this date, pursuant to §120.52 Florida Statutes, with the designated Department Clerk, receipt of which is hereby acknowledged.

Clerk

Date

Charlie Crist
Governor



Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General

March 23, 2009

Mr. Eric Glidden
Useppa Island Club
P.O. Box 640
Bokeelia, Florida 33922

Reference: PWS#**5360299** Odor Exceeded MCL

Dear Mr. Glidden:

This is to inform you that the last chemical analysis results for Odor of the Secondary contaminants have been received on March 20, 2009. Result for Odor was 35 TON. Sample was taken on February 12, 2009 at the Service Department Faucet of the water distribution system. According to Florida Administrative Code Chapter 62-550.320 (1), the water from your system has exceeded the MCL for Odor. Quarterly recheck samples for this parameter are required. Adequate corrective action is also required to bring these parameters back to compliance.

Please submit recheck results or a sample chain of custody copy as proof of sample collection by March 31, 2009 and every quarter thereafter. If the annual average of the quarterly samples is below MCL, monitoring can be reduced to once annually and then back to normal monitoring after three years.

If you have any questions regarding this sample requirement, please feel free to contact our office.

Sincerely,

A handwritten signature in black ink, appearing to read "Jerry W. Ma".

Jerry W. Ma, P.E.
Environmental Engineering



LEE COUNTY HEALTH DEPARTMENT
Judith Hartner, M.D., M.P.H.
Director

REPLY TO: Environmental Engineering
60 Danley Drive, Unit #1
(239) 274-2200 Ft. Myers, Florida 33907



SHORT FORM CONSENT ORDER

January 29, 2008

Eric Glidden
Useppa Island Club
P.O. Box 640
Bokeelia, Florida 33922

SUBJECT: Proposed Settlement of Missing Nitrate & Nitrite Compliance Samples in 2007
DOH File No.: _____

Dear Mr. Glidden:

The purpose of this letter is to complete the resolution of the matter previously identified by the Department in the Warning Letter dated January 22, 2008, a copy of which is attached. **(The corrective actions required to bring your facility into compliance have been performed or no corrective actions are required to bring your facility into compliance.)** The Department finds that you are in violation of the rules and statutes cited in the attached Warning Letter. (If the violations addressed by this CO are different from the violations cited in the Warning Letter, then specifically state in the Warning Letter the violations that are addressed by this CO) In order to resolve the matters identified in the attached Warning Letter, you are assessed civil penalties in the amount of \$ 500, along with \$ 250 to reimburse the Department costs, for a total of \$ 750. 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 Health by cashier's check or money order **(include other forms of payment when appropriate)** and shall include the DOH File Number assigned above. Payment shall be sent to the Department of Health, 60 Danley Drive, Fort Myers, FL 33907, within 15 days of your signing this letter. **(Optional -** The payment shall be made in 3 equal (monthly) installment payment of \$ 250 commencing within 15 days of your signing this letter. Final payment is due no later than May 31, 2008. Failure to timely make any installment payment will allow the Department, at its discretion, to accelerate the balance which will become immediately due.)

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.



LEE COUNTY HEALTH DEPARTMENT
Judith Hartner, M.D., M.P.H.
Director

REPLY TO: Environmental Engineering
60 Danley Drive, Unit #1
(239) 274-2200 Ft. Myers, Florida 33907



SHORT FORM CONSENT ORDER
PAGE TWO

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Sincerely,

Environmental Engineering Director

I, _____ [on behalf of _____],

HEREBY ACCEPT THE TERMS OF THE SETTLEMENT OFFER IDENTIFIED ABOVE.

For (Respondent's Name):

For the Department:

By: _____

Director of Lee County Health Department

Entered into this _____ day of _____, 20____, in
_____, Florida.

FILING AND ACKNOWLEDGEMENT FILED, on this date, pursuant to §120.52 Florida Statutes, with the designated Department Clerk, receipt of which is hereby acknowledged.

Clerk

Date



LEE COUNTY HEALTH DEPARTMENT
Judith Hartner, M.D., M.P.H.
Director

REPLY TO: Environmental Engineering
60 Danley Drive, Unit #1
(239) 274-2200 Ft. Myers, Florida 33907



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



LEE COUNTY HEALTH DEPARTMENT
Judith Hartner, M.D., M.P.H.
Director

REPLY TO: Environmental Engineering
60 Danley Drive, Unit #1
(239) 274-2200 Ft. Myers, Florida 33907

Charlie Crist
Governor



Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General

January 17, 2008

Useppa Utility
c/o Eric Glidden
P.O. Box 640
Bokeelia, Florida 33922

*Copy
Eric ✓*

JAN 28 2007

Reference: Sanitary Survey Report
Useppa Utilities
PWS I.D. No.: 5360299

Dear Eric Glidden:

Attached is a copy of the recently completed Sanitary Survey Report for the referenced water system. Deficiencies found with the system, if any, are listed on this report. Listed deficiencies are violations of Florida Administrative Code Chapter 62-555 and must be corrected in order to avoid formal enforcement action.

If any deficiencies are listed, please have them corrected within twenty (20) days of the date of this letter. For those deficiencies that cannot be corrected within this time frame, provide this office with a written schedule for correction within this same time frame.

Sincerely,

A handwritten signature in cursive script that reads "Jerry W. Ma".

Jerry W. Ma, P.E.
Environmental Engineering

JWM/ahs
Enclosure



LEE COUNTY HEALTH DEPARTMENT
Judith Hartner, M.D., M.P.H.
Director

REPLY TO: Environmental Engineering
60 Danley Drive, Unit #1
(239) 274-2200 Ft. Myers, Florida 33907

SURVEY	Water system:	USEPPA UTILITY		System PWS #:	5360299		Date of survey:	01/16/08			
	Inspector name:	JERRY MA & FUNG		Person(s) contacted:	ERIC GLIDDEN						
	System type:	D	Population:	200	Connections:	151	Design capacity:	56000	Storage capacity:	100000	
SYSTEM	System address:	POBOX 640 / 8115 MAIN STREET			City:	BOKEELIA		State:	FL	Zip:	33922
	System phone:	283-6078			Cell:	707-8780					
	Fax number:	283-6079			Email:	eric@useppa.com					
OWNER	Owner name:	GARFIELD BECKSTEAD			Owner title:						
	Owner address:	SAME AS ABOVE			City:			State:	FL	Zip:	
	Owner phone:	283-6078			Cell:						
	Fax number:	283-6079			Email:						
OPERATOR	Operator required?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If "No", Operator sections not applicable)			Operator class & cert. number:	C 12872					
	Operator name:	ERIC GLIDDEN			Phone:	283-6078					
	Fax number:	283-6079			Email:	eric@useppa.com					

SOURCE - WELL INFORMATION	Well Name and/or FL Unique Well ID	AAD5763 Well#1	AAD5762 Well#4	Storage type used:	<input checked="" type="checkbox"/> Hydro <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Elevated <input type="checkbox"/> Bladder <input type="checkbox"/> N/A	
	Well head sealed? (Pad/conduit/openings)	Yes	Yes	Inspections compliant? (annual/5yr)	Yes	
	Well casing 12" above grade?	Yes	Yes	Washouts compliant? (every 5 yrs)	n/a	
	Casing vent compliant? (installed, screened)	n/a	n/a	Storage capacity compliant? (% max)	Yes	
	Check valve compliant? (installed/no leak)	Yes	Yes	APPURTENANCES: "X" box below if not compliant, <input type="checkbox"/> PRV <input type="checkbox"/> Gauge <input type="checkbox"/> Sight glass <input type="checkbox"/> Bypass <input type="checkbox"/> Drain <input checked="" type="checkbox"/> Compliant		
	Tap Compliant? (Smooth/12" high/precheck)	Yes	Yes	GROUND ELEVATED APPURTENANCES: "X" box below if not compliant. <input type="checkbox"/> Hatch <input type="checkbox"/> Vent <input type="checkbox"/> Overflow <input type="checkbox"/> Drain <input type="checkbox"/> Bypass <input checked="" type="checkbox"/> Compliant		
	Flow measurable? (if applicable, GPM@psi)			Manual or automatic controls?	Automatic	
	Flow meter accuracy checked?			On/Off pressure of pumps?	62 / 50	
	Well capacity > maximum day?	Yes	Yes	HSP High Service Pumps functional?	Yes	
	Setbacks compliant? (hazard type and distance)	Yes	Yes	HSP HSP capacity compliant?	Yes	
TREATMENT	Name of plant & type of chlorination	/	/	Chlorine test kit compliant?	Yes	
	O & M log compliant?	Yes	Yes	Chlorine grab sampling compliant?	Yes	
	O & M manual compliant?	Yes	Yes	Bacti sampling compliant?	Yes	
	Cl storage compliant? (no organics/acid/sun)	Yes	Yes	Chemical sampling compliant?	no	
	Chlorinator flow proportionate?	Yes	Yes	Lead/copper sampling compliant? (C,P)	Yes	
	Treated sample tap provided?	Yes	Yes	DBP monitoring compliant? (C,P)	Yes	
	HYPOCL Cl solution strength?	12%	12%	MONITORING PLANS: "X" box below if not compliant <input type="checkbox"/> Bacteriological <input type="checkbox"/> Disinfection By-Products (C,P) <input type="checkbox"/> Lead & Copper (C,P)		
	HYPOCL Solution tank compliant? (covered/etc)	Yes	Yes	NSF: "X" box below if not compliant <input type="checkbox"/> Treatment Chemicals/Components <input type="checkbox"/> Storage <input type="checkbox"/> Pipe <input type="checkbox"/> New Meters		
	HYPOCL Antisiphon protection compliant?	Yes	Yes	CCC / Plan(C) implemented?	Yes	
	GAS CL Safety: (Gloves/Apron/Eyewash/etc)	Yes	Yes	Record keeping compliant?	Yes	
DISTRIBUTION	GAS CL Cl room compliant? (separate/ventilation)	Yes	Yes	Security measures compliant?	Yes	
	GAS CL Scales compliant? (installed/functional)	Yes	Yes	Plant category and type?	II/C	
	GAS CL Safety: (SCBA/Gloves/Ammonia)	Yes	Yes	Plant checked 5 days/week? (owner/rep)	Yes	
	AERATE Choose type: "X" box below if not compliant <input type="checkbox"/> Screen <input type="checkbox"/> Tray <input type="checkbox"/> Lid <input type="checkbox"/> Bypass <input type="checkbox"/> Drain <input type="checkbox"/> Algae Free <input checked="" type="checkbox"/> Compliant			Operator visits compliant?	Yes	
	Flushing of dead ends compliant?	1/2/08		MORs submittal compliant?	Yes	
	Valve maintenance compliant?	Yes				
	Distribution PSI compliant? (> 20 PSI)	50 Yes				
	Chlorine residual above minimum?	Yes				
	FIELD SAMPLING RESULTS	Plant Cl (mg/L) / pH	2.6 / 7.9	Distribution Cl (mg/L) / pH	2.1 / -	
	TECHNICAL ASSISTANCE PROVIDERS (TAP) RECOMMENDED? <input type="checkbox"/> Yes (see enclosed TAP information) <input type="checkbox"/> No TAP recommended at this time					

COMMENTS:



DEFICIENCIES

1. Missing nitrate and nitrite annual compliance samples were past due.
2. Well #1 pad need to be fixed
3. Cross connection control program must be implemented according to plan and BFP devices must be check regularly.
4. Reminder: please send us a copy of the emergency standby plan

DIGITAL PHOTOS



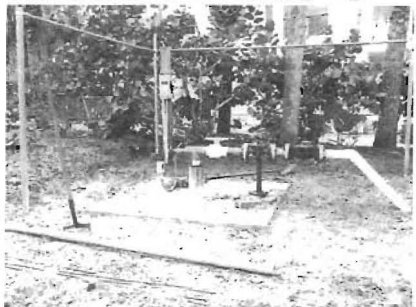
Hydro Tank & New Pipes



Aerator



Well #1 need to repair the pad



Well #4 and the fence (not yet done)

INSPECTOR'S SIGNATURE

TITLE

Eng I

DATE: January 16, 2008

REVIEWED BY

TITLE

P.E. II

DATE: January 16, 2008

Charlie Crist
Governor



Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General

August 12, 2008

Useppa Island Club
C/o Eric Glidden
8115 Main Street
PO Box 640
Bokeelia, Florida 33922

Reference: Water Treatment Plant Compliance Inspection Report
Useppa Island Club
PWS I.D. No.: 5360299

Dear Eric Glidden:

Attached is a copy of the recently completed Water Treatment Plant Compliance Inspection Report for the referenced water system. Deficiencies found with the system, if any, are listed on this report. Listed deficiencies are violations of Florida Administrative Code Chapter 62-555 and must be corrected in order to avoid formal enforcement action.

If any deficiencies are listed, please have them corrected within twenty (20) days of the date of this letter. For those deficiencies that cannot be corrected within this time frame, provide this office with a written schedule for correction within this same time frame.

Sincerely,

A handwritten signature in black ink, appearing to read "Jerry W. Ma".

Jerry W. Ma, P.E.
Professional Engineer

JWM/ahs
Enclosure
Cc: Garfield Bechstead



LEE COUNTY HEALTH DEPARTMENT
Judith Harner, M.D., M.P.H.
Director

REPLY TO: Environmental Engineering
60 Danley Drive, Unit #1
(239) 274-2200 Ft. Myers, Florida 33907



State of Florida
Lee County Health Department
Environmental Engineering

WATER TREATMENT PLANT COMPLIANCE INSPECTION REPORT

PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Non-Community

Plant name: Useppa Island Club

County: LEE

PWS: 5360299

Address: Useppa Island

Phone: (239)283-6078

Owner name: Garfield Bechstead

Contact: Eric Glidden C12872

Email: eric@useppa.com

Owner address: P.O.Box 640/8115 Main Street Bokeelia, FL 33922

Phone: (239)283-1061

This inspection date: 7/28/2008 Last C.I. date: 1/16/2007

Last sanitary survey date: 1/16/2007

Service area characteristics: Island Community

No. of service connections: 157

Served population: 200

OPERATION & MAINTENANCE

Certified operator: ☒ yes ☐ no ☐ N/A

Required Coverage is? Category II class C 1 hour/day for 5 days/week and one visit each wkend day

Operator & certification class-number: Eric Glidden C 12872

O&M log: ☒ yes ☐ no

Condition of Plant? Good

WELLS:

Number of wells: 2

6' x 6' x 4" pad: ☒ yes ☐ no

Sanitary seal: ☒ OK ☐ no

Raw water tap: ☒ yes ☐ no

☐ not smooth nosed

Check valve: ☒ yes ☐ no

Sanitary Hazards: ☒ yes ☐ no

Fence/housing: ☐ yes ☒ no

Auxiliary power: ☒ yes ☐ no

☐ N/A

Tested weekly? ☒ yes ☐ no

Monthly? ☒ yes ☐ no

DESIGN CAPACITY: 56,000 gpd

STORAGE CAPACITY: 100,000 g

CHLORINATION

Chlorinator type: ☐ Gas ☒ Hypo

Cl₂ residual: Plant: 1.7mg/l pH = 7.5

Remote: 1.5mg/l pH = 7.5

Location: Miller Residence

Gas cylinder scale: ☐ yes ☐ no ☒ N/A

Gas cylinder chained: ☐ yes ☐ no ☒ N/A

Adequate air-pak: ☐ yes ☐ no ☒ N/A

Adequate ventilation: ☐ yes ☐ no ☒ N/A

Dual chlorination: ☐ yes ☐ no ☒ N/A

Auto-switchover: ☐ yes ☐ no ☒ N/A

Alarm: ☐ yes ☐ no ☒ N/A

PRESSURE: Plant: 53psi

Remote:

AERATION: yes

Type: Forced Draft

Condition: Good

OTHER TREATMENT PROCESSES:

OTHER

Flow measuring device:

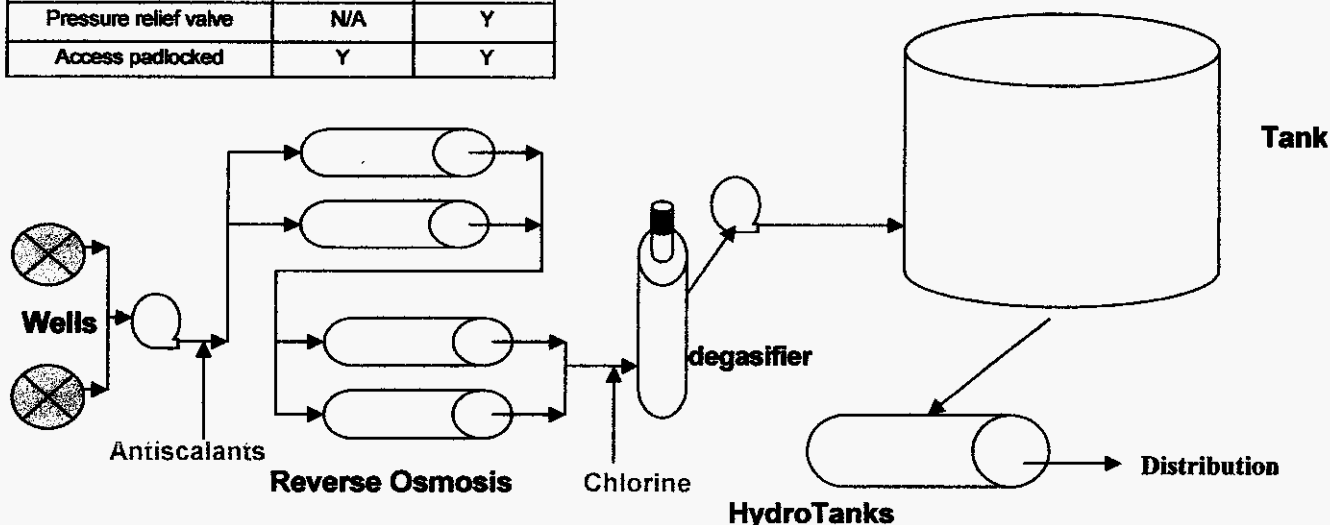
☒ meter ☐ elapsed time clock ☐ none

Backflow prevention devices: ☒ yes ☐ no

Cross-connections observed? ☐ yes ☒ no

(G) Ground (C) Clearwell (E) Elevated
(B) Bladder (H) Hydropneumatic/flow-through

Tank type	1/G	2/H
Capacity	100,000	1,000
Gravity drain	N	Y
By-pass piping	Y	Y
Pressure gauge	N/A	Y
On/Off pressure	N/A	Y
Sight glass	N/A	Y
Fittings for sight glass	N/A	Y
Air release valve	N/A	Y
Pressure relief valve	N/A	Y
Access padlocked	Y	Y



DEFICIENCIES:

1. Cross connection program must be implemented according to plan and BFP devices must be check regularly. 62-555.360 Community water systems shall establish and implement a routine cross- connection control program to detect and control cross- connections and prevent backflow of contaminants into the water system. This program shall include a written plan that is developed using recommended practices of the American Water Works Association set forth in Recommended Practice for Backflow Prevention and Cross-Connection Control, AWWA Manual M14, as incorporated into Rule 62-555.330
2. Radiological test due this year. 62-550.519 All existing CWSs shall conduct monitoring to determine compliance with paragraph 62-550.310(6)(a)
3. Well # 1 needs to repair, the pad should be filled with soil to grade level



Well#1



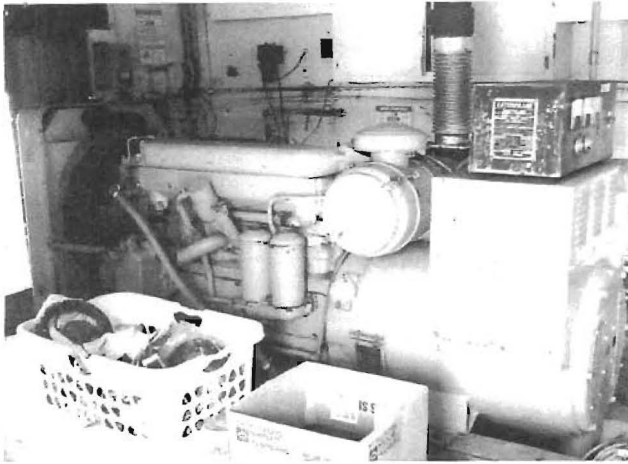
Well#1



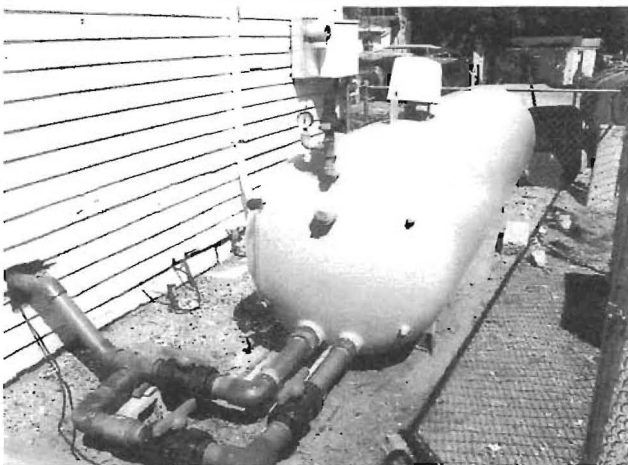
Well#2



Well#2



Generator



Pressure tank



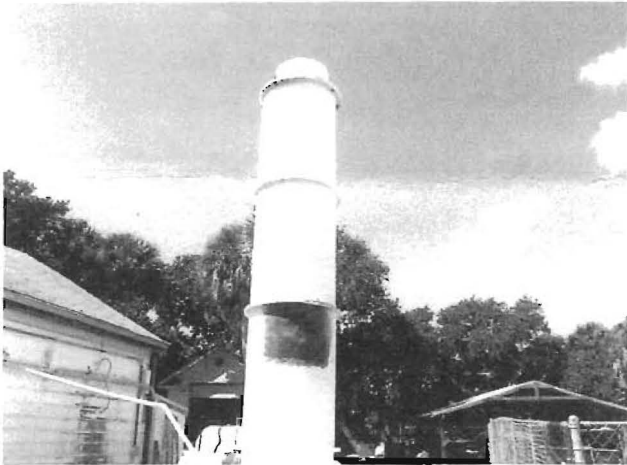
Pumps



RO



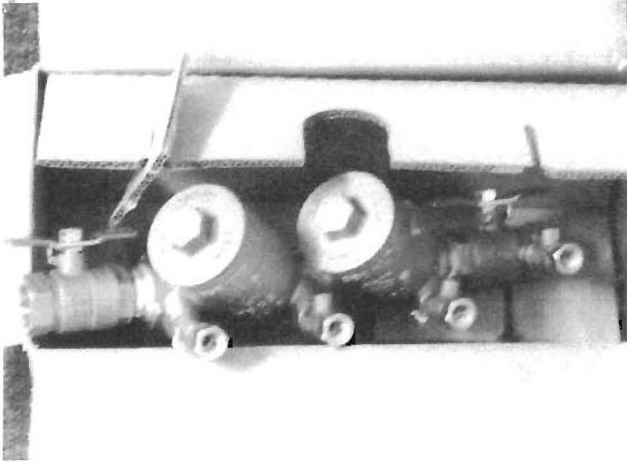
Storage Tanks



Aerator



RPZ



DCV

Inspector: Allen.

Title Engineer I

Date 8/11/08

Approved by J. W. Ma

Title P.E. II

Date 8/11/08

Charlie Crist
Governor



Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General

January 30, 2009

Useppa Island Club
C/o Eric Glidden
8115 Main Street
PO Box 640
Bokeelia, Florida 33922

Reference: Water Treatment Plant Compliance Inspection Report
Useppa Island Club
PWS I.D. No.: 5360299

Dear Eric Glidden:

Attached is a copy of the recently completed Water Treatment Plant Compliance Inspection Report for the referenced water system. Deficiencies found with the system, if any, are listed on this report. Listed deficiencies are violations of Florida Administrative Code Chapter 62-555 and must be corrected in order to avoid formal enforcement action.

If any deficiencies are listed, please have them corrected within twenty (20) days of the date of this letter. For those deficiencies that cannot be corrected within this time frame, provide this office with a written schedule for correction within this same time frame.

Sincerely,

A handwritten signature in cursive script, appearing to read "Jerry W. Ma".

Jerry W. Ma, P.E.
Professional Engineer

JWM/ahs
Enclosure
Cc: Garfield Beckstead



LEE COUNTY HEALTH DEPARTMENT
Judith Hartner, M.D., M.P.H.
Director

REPLY TO: Environmental Engineering
60 Danley Drive, Unit #1
Ft. Myers, Florida 33907
(239) 274-2200

Compliance Inspection Form

Page 1

BASIC INSPECTION AND SYSTEM INFORMATION

Water system:	USEPPA UTILITY	System PWS #:	5360299	Date of inspection:	01/28/09
System address:	P.O.BOX 640 / 8115 MAIN STREET	City:	BOKEELIA	State:	FL Zip 33922
System phone:	2836078	Cell:	7078780		
Fax number:	2836079	Email:	eric@useppa.com		
Owner name:	GARFIELD BECKSTEAD	Owner title:	OWNER		
Owner address:	P.O.BOX 640 / 8115 MAIN STREET	City:	BOKEELIA	State:	FL Zip 33922
Owner phone:	2831061	Cell:			
Fax number:	2836079	Email:			
Operator required?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If "No", Operator sections not applicable)	Operator name:	ERIC GLIDDEN C-12872		
Operator Email	eric@useppa.com	Phone	2836078	Fax:	2836079
S=Satisfactory U=Unsatisfactory ~ =Not Applicable * =See comment below					

SOURCE - WELL INFORMATION

Well Number	AAD5763 #1	AAD5762 #2
Well head sealed? (Pad/conduit/openings)	S	S
Well casing 12" above grade?	S	S
Casing vent compliant? (2003)	S	S
Check valve compliant?	S	S
Tap Compliant? (Smooth/12" high/pre-check)	S	S
Flow measurable?	S	S
Security measures compliant?	S	S
O & M manual compliant?	S	
Cl storage compliant (no organics/acid/sun)	S	
Spare chlorinator compliant?	S	
Loss of chlorine alarm compliant?	S	
Treated sample tap provided?	S	
Security measures compliant?	S	
Cl solution NSF approved?	S	
Solution vat compliant?(covered/etc)	S	
Safety: (Gloves/Apron/Eyewash/etc)	S	
Cl room compliant?(separate/ventilation)		
Scales compliant?		
Auto switchover provided?		
Safety:(SCBA/Gloves/Ammonia/Panic HW)		
Aeration	S	
pH adjustment	S	
Orthophosphate	~	
Other:	~	
Tank Number	1H 2G	
Inspections compliant? (annual/5yr)	S S	Both inspected in 2008
Overflow/Vents compliant? (elevated)	S S	
Pressure relief valve provided? (hydro)	S S	
Security measures compliant?	S S	

TREATMENT

STORAGE

Water system map compliant?	Yes
Flushing of dead ends compliant?	Yes
Valve maintenance compliant?	Yes
Chlorine residual > 0.2 mg/L	Yes
Number of high service pumps?	2
High service pumps functional?	N/A
CCC devices tested annually?	Yes
Flow meter accuracy checked?	Scheduled in February
ERP, PbCu, DBP, and CCC Plans?	Yes
In use permits have clearance?	Yes
Operator visits compliant?	Yes
Plant checked 5 times per week?	Yes
MORs submittal compliant?	Yes
FOLLOW-UP TO LAST INSPECTION OR SURVEY	
Last inspection fully compliant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (see below)	
Number of deficiencies last cited?	3
Were any of the deficiencies "repeat"?	No
Response from system submitted?	No
Have deficiencies been addressed?	Yes
MONITORING SCHEDULE	
CHEMICAL	ANALYSIS DATE
Nitrate/Nitrite	12/09
Inorganics	12/09
Secondaries	12/09
VOCs	12/09
Rads	03/11
SOCs	12/09
UOCs	-
Asbestos	-
TTHM/HAA5 annual	09/09

FIELD SAMPLING RESULTS

Plant Cl (mg/L)	1.6	Pressure	53psi	Distribution Cl (mg/L) / pH	0.88/0.9	Pressure
Plant pH	7.8/8				7.7/7.8	

COMMENTS



DEFICIENCIES

Discharge pipe support stand at well #2 need to be replaced (see picture). Rule 62-555.350, FAC Operation and Maintenance of Public Water Systems. (2) Suppliers of water shall keep all necessary public water system components in operation and shall maintain such components in good operating condition so the components function as intended



INSPECTOR'S SIGNATURE Allen TITLE ENG I DATE: January 29, 2009

REVIEWED BY George Ma TITLE PE II DATE: January 29, 2009

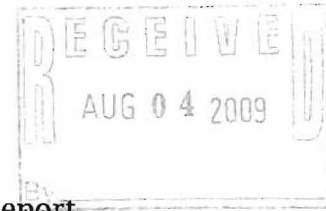
Charlie Crist
Governor



Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General

July 31, 2009

Garfield Beckstead
Useppa Island Club
PO Box 640
8115 Main St.
Bokeelia, FL 33922



Reference: Water Treatment Plant Compliance Inspection Report
Useppa Island Club
PWS I.D. No.: 5360299

Dear Garfield Beckstead:

Attached is a copy of the recently completed Water Treatment Plant Compliance Inspection Report for the referenced water system. Deficiencies found with the system, if any, are listed on this report. Listed deficiencies are violations of Florida Administrative Code Chapter 62-555 and must be corrected in order to avoid formal enforcement action.

If any deficiencies are listed, please have them corrected within twenty (20) days of the date of this letter. For those deficiencies that cannot be corrected within this time frame, provide this office with a written schedule for correction within this same time frame.

Sincerely,

A handwritten signature in black ink, appearing to read "Jerry W. Ma".

Jerry W. Ma, P.E.
Professional Engineer

JWM/ahs
Enclosure
Cc: Eric Glidden



Environmental Engineering Division
60 Danley Drive, Unit 1 • Fort Myers, FL • 33907
Phone: 239-274-2200 • Fax: 239-274-2201
www.leechd.com



Compliance Inspection Form

Page 1

BASIC INSPECTION AND SYSTEM INFORMATION

Water system:	USEPPA UTILITY	System PWS #:	5360299	Date of inspection:	07/30/09
System address:	P.O.BOX 640 / 8115 MAIN STREET	City:	BOKEELIA	State:	FL Zip 33922
System phone:	2836078			Cell:	7078780
Fax number:	2836079	Email:	eric@useppa.com		
Owner name:	GARFIELD BECKSTEAD	Owner title:	OWNER		
Owner address:	P.O.BOX 640 / 8115 MAIN STREET	City:	BOKEELIA	State:	FL Zip 33922
Owner phone:	2831061			Cell:	
Fax number:	2836079	Email:			
Operator required?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If "No", Operator sections not applicable)		Operator name:	ERIC GLIDDEN C-12872	
Operator Email	eric@useppa.com		Phone	2836078	Fax: 2836079
S=Satisfactory U=Unsatisfactory ~ =Not Applicable * =See comment below					

SOURCE - WELL INFORMATION

Well Number	AAD5763 #1	AAD5762 #2		Water system map compliant?	Yes
Well head sealed? (Pad/conduit/openings)	S	S		Flushing of dead ends compliant?	Yes
Well casing 12" above grade?	S	S		Valve maintenance compliant?	Yes
Casing vent compliant? (2003)	S	S		Chlorine residual > 0.2 mg/L	Yes
Check valve compliant?	S	S		Number of high service pumps?	2 (transfer pumps)
Tap Compliant? (Smooth/12" high/pre-check)	S	S		High service pumps functional?	N/A
Flow measurable?	S	S		CCC devices tested annually?	Yes
Security measures compliant?	S	S		Flow meter accuracy checked?	
O & M manual compliant?	S			ERP, PbCu, DBP, and CCC Plans?	Yes
Cl storage compliant (no organics/acid/sun)	S			In use permits have clearance?	Yes
Spare chlorinator compliant?	S			Operator visits compliant?	Yes
Loss of chlorine alarm compliant?	S			Plant checked 5 times per week?	Yes
Treated sample tap provided?	S			MORs submittal compliant?	Yes

TREATMENT

HYPO	Security measures compliant?	S		FOLLOW-UP TO LAST INSPECTION OR SURVEY	
	Cl solution NSF approved?	S		Last inspection fully compliant?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (see below)
	Solution vat compliant? (covered/etc)	S		Number of deficiencies last cited?	1
	Safety: (Gloves/Apron/Eyewash/etc)	S		Were any of the deficiencies "repeat"?	No
GAS	Cl room compliant? (separate/ventilation)			Response from system submitted?	No
	Scales compliant?			Have deficiencies been addressed?	No
	Auto switchover provided?			MONITORING SCHEDULE	
	Safety: (SCBA/Gloves/Ammonia/Panic HW)				

STORAGE

OTHER	Aeration	S		CHEMICAL	ANALYSIS DATE	NEXT DUE
	pH adjustment	~		Nitrate/Nitrite	-	12/10
	Orthophosphate	~		Inorganics	-	12/12
	Other:	~		Lead and Copper	-	09/11
				TTHM/HAA5 annual	-	09/09
Tank Number	1H	2G		VOCs	-	12/12
Inspections compliant? (annual/5yr)	S	S	Both inspected in 2008	SOCs	-	12/12
Overflow/Vents compliant? (elevated)	S	S		Rads	-	03/11
Pressure relief valve provided? (hydro)	S	S		Secondaries	-	12/12
Security measures compliant?	S	S		UOCs	-	-
				Asbestos	-	-

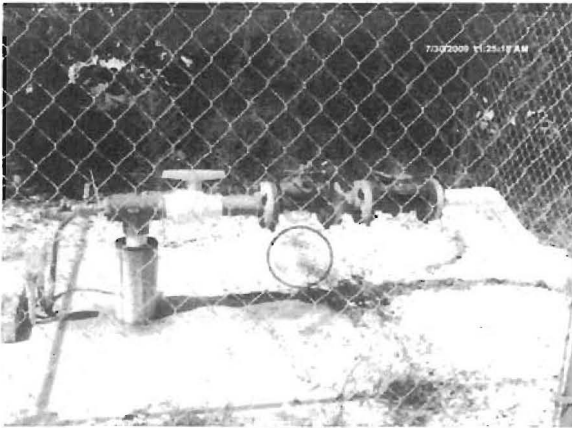
COMMENTS

FIELD SAMPLING RESULTS	Plant Cl (mg/L)	2.6	Pressure	53psi	Distribution Cl (mg/L) / pH		Pressure
	Plant pH	8.09/8.0					

**DEFICIENCIES**

1. Discharge pipe support stand is missing at well #2 (see picture).
2. Leaking @ reject outlet and transfer pump need to be fixed (see picture)
3. Please send us a copy of your tanks inspection certificate with signed and sealed by the engineer.
4. Reminder: please complete Certification of Delivery of Consumer Confidence Report (DEP form 62-555.900(19)) and submit to us by August 10.

Rule 62-555.350 (2) Suppliers of water shall keep all necessary public water system components in operation and shall maintain such components in good operating condition so the components function as intended. Preventive maintenance on electrical or mechanical equipment – including exercising of auxiliary power sources, checking the calibration of finished-drinking-water meters at treatment plants, testing of air or pressure relief valves for hydropneumatic tanks, and exercising of isolation valves – shall be performed in accordance with the equipment manufacturer's recommendations or in accordance with a written preventive maintenance program established by the supplier of water; however, in no case shall auxiliary power sources be run under load less frequently than monthly. Accumulated sludge and biogrowths shall be cleaned routinely (i.e., at least annually) from all treatment facilities that are in contact with raw, partially treated, or finished drinking water and that are not specifically designed to collect sludge or support a biogrowth; and blistering, chipped, or cracked coatings and linings on treatment or storage facilities in contact with raw, partially treated, or finished drinking water shall be rehabilitated or repaired. Finished-drinking-water storage tanks, including conventional hydropneumatic tanks with an access manhole but excluding bladder- or diaphragm-type hydropneumatic tanks without an access manhole, shall be checked at least annually to ensure that hatches are closed and screens are in place; shall be cleaned at least once every five years to remove biogrowths, calcium or iron/manganese deposits, and sludge from inside the tanks; and shall be inspected for structural and coating integrity at least once every five years by personnel under the responsible charge of a professional engineer licensed in Florida. Dead-end water mains conveying finished drinking water shall be flushed quarterly or in accordance with a written flushing program established by the supplier of water; additionally, dead-end or other water mains conveying finished water shall be flushed as necessary whenever legitimate water quality complaints are received.



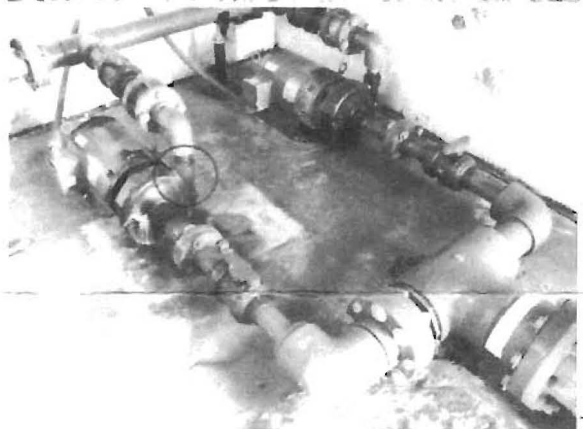
Well #2



Well #1



Leaking at RO reject outlet



Transfer pumps

INSPECTOR'S SIGNATURE

Allen

TITLE

ENG I

DATE: July 30, 2009

REVIEWED BY

Jorge Ma

TITLE

PE II

DATE: July 30, 2009

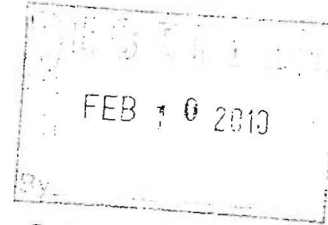
Charlie Crist
Governor

FLORIDA DEPARTMENT OF
HEALTH

Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General

February 2, 2010

Garfield Beckstead
Useppa Island Club
P.O.Box 640
8115 Main Street
Bokeelia, FL 33922



Reference: Compliance Inspection Report for Community Water System
Useppa Island Club
PWS I.D. No.: 5360299

Dear Garfield Beckstead:

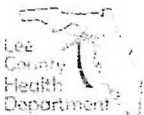
Attached is a copy of the recently completed Compliance Inspection Report for the referenced water system. Deficiencies found with the system, if any, are listed on this report. Listed deficiencies are violations of Florida Administrative Code and must be corrected in order to avoid formal enforcement action.

If any deficiencies are listed, please have them corrected within twenty (20) days of the date of this letter. For those deficiencies that cannot be corrected within this time frame, provide this office with a written schedule for correction within this same time frame.

Sincerely,

Jerry W. Ma, P.E.
Professional Engineer

JWM/al
Enclosure
Cc: Eric Glidden



Environmental Engineering Division
60 Danley Drive, Unit 1 • Fort Myers, FL • 33907
Phone: 239-274-2200 • Fax: 239-274-2201
www.leechd.com

Compliance Inspection Form

Page 1

Water system:	USEPPA UTILITY	System PWS #:	5360299	Date of inspection:	01/27/10
System address:	P.O. BOX 640 / 8115 MAIN STREET	City:	BOKEELIA	State:	FL Zip 33922
System phone:	2836078			Cell:	7078780
Fax number:	2836079	Email:			
Owner name:	GARFIELD BECKSTEAD	Owner title:	OWNER		
Owner address:	P.O. BOX 640 / 8115 MAIN STREET	City:	BOKEELIA	State:	FL Zip 33922
Owner phone:	2831061			Cell:	
Fax number:	2836079	Email:			
Operator required?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If "No", Operator sections not applicable)		Operator name:	ERIC GLIDDEN C-12872	
Operator Email		Phone	2836078	Fax:	2836079
S=Satisfactory U=Unsatisfactory ~ =Not Applicable * =See comment below					

WELL INFORMATION	Well Number	AAD5763 #1	AAD5762 #2		Water system map compliant?	Yes	
	Well head sealed? (Pad/conduit/openings)	S	S		Flushing of dead ends compliant?	Yes	
SOURCE - WELL INFORMATION	Well casing 12" above grade?	S	S		Valve maintenance compliant?	Yes	
	Casing vent compliant? (2003)	S	S		Chlorine residual > 0.2 mg/L	Yes	
	Check valve compliant?	S	S		Number of high service pumps?	2 (transfer pumps)	
	Tap Compliant? (Smooth/12" high/pre-check)	S	S		High service pumps functional?	N/A	
	Flow measurable?	S	S		CCC devices tested annually?	Yes	
	Security measures compliant?	S	S		Flow meter accuracy checked?		
	O & M manual compliant?	S			ERP, PbCu, DBP, and CCC Plans?	Yes	
	Cl storage compliant (no organics/acid/sun)	S			In use permits have clearance?	Yes	
	Spare chlorinator compliant?	S			Operator visits compliant?	Yes	
	Loss of chlorine alarm compliant?	S			Plant checked 5 times per week?	Yes	
TREATMENT	Treated sample tap provided?	S			MORs submittal compliant?	Yes	
	Security measures compliant?	S			FOLLOW UP TO LAST INSPECTION OR SURVEY		
	CI solution NSF approved?	S			Last inspection fully compliant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (see below)		
	Solution vat compliant? (covered/etc)	S			Number of deficiencies last cited?	4	
	Safety: (Gloves/Apron/Eyewash/etc)	S			Were any of the deficiencies "repeat"?	No	
	CI room compliant? (separate/ventilation)				Response from system submitted?	No	
	Scales compliant?				Have deficiencies been addressed?	No	
	Auto switchover provided?				MONITORING SCHEDULE		
	Safety: (SCBA/Gloves/Ammonia/Panic HW)				CHEMICAL	ANALYSIS DATE	NEXT DUE
	Aeration	S			Nitrate/Nitrite	-	12/10
STORAGE	pH adjustment	~			Inorganics	-	12/12
	Orthophosphate	~			Lead and Copper	-	09/11
	Other:	~			TTHM/HAA5 annual	-	09/10
	Tank Number	1H 2G			VOCs	-	12/12
	Inspections compliant? (annual/5yr)	S S	Both inspected in 2008		SOCs	-	12/12
	Overflow/Vents compliant? (elevated)	S S			Rads	-	03/11
	Pressure relief valve provided? (hydro)	S S			Secondaries	-	12/12
	Security measures compliant?	S S			UOCs	-	-
					Asbestos	-	-
FIELD SAMPLING RESULTS		Plant Cl (mg/L)	3.0	Pressure	~55psi	Distribution Cl (mg/L) / pH	Pressure
	Plant pH	7.7/7.9					

COMMENTS



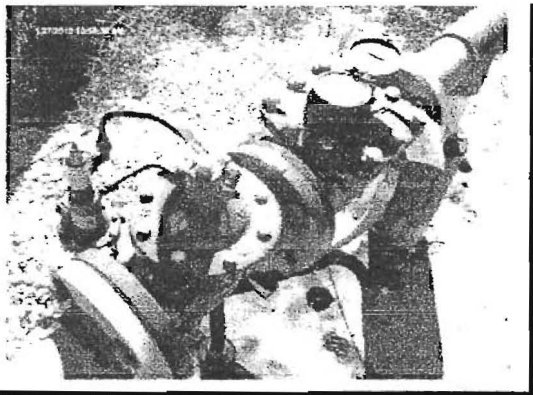
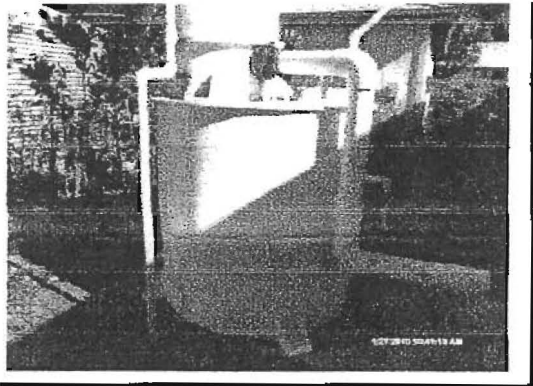
DEFICIENCIES

Seal the opening to prevent the entry of foreign material such as insects, wind-borne debris and rainfall into the aerator tank. (see picture)

62-555.350 Operation and Maintenance of Public Water Systems.

Suppliers of water shall keep all necessary public water system components in operation and shall maintain such components in good operating condition so the components function as intended.

Pictures



INSPECTOR'S SIGNATURE Allen TITLE ENGINEERING SPECIALIST I DATE: February 2, 2010

REVIEWED BY Jon W. Mo TITLE PE II DATE: February 2, 2010

Charlie Crist
Governor



Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General

July 15, 2010

Garfield Beckstead
Useppa Island Club
P.O.Box 640
8115 Main Street
Bokeelia, FL 33922

Reference: Compliance Inspection Report for Community Water System
Useppa Island Club
PWS I.D. No.: 5360299

Dear Garfield Beckstead:

Attached is a copy of the recently completed Compliance Inspection Report for the referenced water system. Deficiencies found with the system, if any, are listed on this report. Listed deficiencies are violations of Florida Administrative Code and must be corrected in order to avoid formal enforcement action.

If any deficiencies are listed, please have them corrected within thirty (30) days of the date of this letter. For those deficiencies that cannot be corrected within this time frame, provide this office with a written schedule for correction within this same time frame.

Sincerely,

A handwritten signature in cursive script, appearing to read "Jerry W. Ma".

Jerry W. Ma, P.E.
Professional Engineer

JWM
Enclosure
Cc: Eric Glidden

*Eric took
HAVE YOU
CAME OF THESE!
TJM*



Environmental Engineering Division
60 Danley Drive, Unit 1 • Fort Myers, FL • 33907
Phone: 239-274-2200 • Fax: 239-274-2201
www.leechd.com



Compliance Inspection Form

Page 1

BASIC INSPECTION AND SYSTEM INFORMATION

Water system:	USEPPA UTILITY	System PWS #:	5360299	Date of inspection:	07/15/10
System address:	P.O.BOX 640 / 8115 MAIN STREET	City:	BOKEELIA	State:	FL Zip 33922
System phone:	2836078	Cell:	7078780		
Fax number:	2836079	Email:	eric@useppa.com		
Owner name:	GARFIELD BECKSTEAD	Owner title:	OWNER		
Owner address:	P.O.BOX 640 / 8115 MAIN STREET	City:	BOKEELIA	State:	FL Zip 33922
Owner phone:	2831061	Cell:			
Fax number:	2836079	Email:			
Operator required?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If "No", Operator sections not applicable)		Operator name:	ERIC GLIDDEN C-12872	
Operator Email	eric@useppa.com		Phone	2836078	Fax: 2836079
S=Satisfactory U=Unsatisfactory ~ =Not Applicable *=See comment below					

SOURCE - WELL INFORMATION

Well Number	AAD5763 #1	AAD5762 #2		Water system map compliant?	Yes
Well head sealed? (Pad/conduit/openings)	S	S		Flushing of dead ends compliant?	No
Well casing 12" above grade?	S	S		Valve maintenance compliant?	Yes
Casing vent compliant? (2003)	S	S		Chlorine residual > 0.2 mg/L	Yes
Check valve compliant?	S	S		Number of high service pumps?	2 (transfer pumps)
Tap Compliant? (Smooth/12" high/pre-check)	S	S		High service pumps functional?	N/A
Flow measurable?	S	S		CCC devices tested annually?	Yes
Security measures compliant?	S	S		Flow meter accuracy checked?	Yes
O & M manual compliant?	S			ERP, PbCu, DBP, and CCC Plans?	Yes
Cl storage compliant (no organics/acid/sun)	S			In use permits have clearance?	Yes
Spare chlorinator compliant?	S			Operator visits compliant?	Yes
Loss of chlorine alarm compliant?	S			Plant checked 5 times per week?	Yes
Treated sample tap provided?	S			MORs submittal compliant?	Yes
Security measures compliant?	S			FOLLOW-UP TO LAST INSPECTION OR SURVEY	
Cl solution NSF approved?	S			Last inspection fully compliant?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (see below)
Solution vat compliant?(covered/etc)	S			Number of deficiencies last cited?	1
Safety: (Gloves/Apron/Eyewash/etc)	S			Were any of the deficiencies "repeat"?	Yes
Cl room compliant?(separate/ventilation)				Response from system submitted?	No
Scales compliant?				Have deficiencies been addressed?	No
Auto switchover provided?				MONITORING SCHEDULE	
Safety: (SCBA/Gloves/Ammonia/Panic HW)				CHEMICAL	ANALYSIS DATE
Aeration	S			Nitrate/Nitrite	-
pH adjustment	~			Inorganics	-
Orthophosphate	~			Lead and Copper	-
Other:	~			TTHM/HAA5 annual	-
Tank Number	1H	2G		VOCs	-
Inspections compliant? (annual/5yr)	S	S	Both inspected in 2008	SOCs	-
Overflow/Vents compliant? (elevated)	S	S		Rads	-
Pressure relief valve provided? (hydro)	S	S		Secondaries	-
Security measures compliant?	S	S		UOCs	-
				Asbestos	-
Remote Cl (mg/L)	0.7	Pressure	~55psi	Distribution Cl (mg/L) / pH	Pressure
Remote pH	7.5/7.7				

COMMENTS

**DEFICIENCIES**

1. Seal the opening to prevent the entry of foreign material such as insects, wind-borne debris and rainfall into the aerator tank. (see picture)

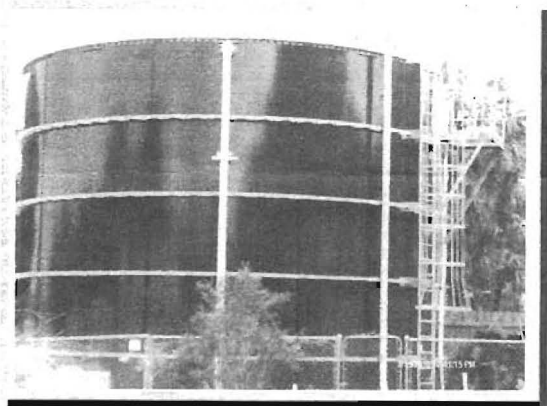
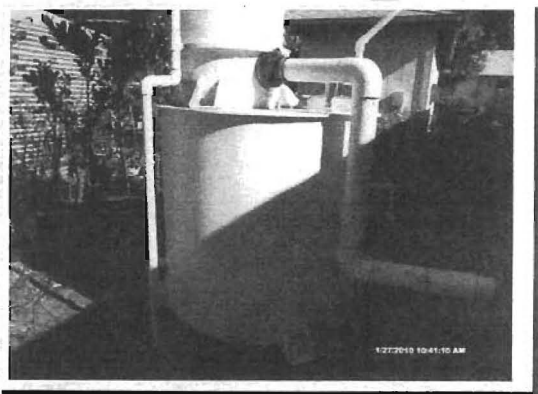
2. Storage tank level indicator's marks peeled off (see picture)

62-555.350 Operation and Maintenance of Public Water Systems.

Suppliers of water shall keep all necessary public water system components in operation and shall maintain such components in good operating condition so the components function as intended.

3. Well Security. 62-555.315 Wellheads shall be enclosed by fences with lockable access gates, housed in lockable buildings or enclosures, or otherwise protected against tampering, vandalism, and sabotage.

4. Please complete the Synthetic Organic Contaminants form, and send us with the Distribution Flush Plan and Plant Storage Plan

Pictures

INSPECTOR'S SIGNATURE Allen TITLE ENGINEERING SPECIALIST I DATE: July 16, 2010

REVIEWED BY [Signature] TITLE PE II DATE: July 16, 2010



Rick Scott
Governor

January 21, 2011

RECEIVED

JAN 25 2011

BY: _____

Garfield Beckstead
Useppa Island Club
PO Box 640
8115 Main Street
Bokeelia, FL 33922

Reference: Sanitary Survey Report for Community Water System
Useppa Island Club
PWS I.D. No.: 5360299

Dear Mr. Beckstead:

Attached is a copy of the recently completed Sanitary Survey Report for the referenced water system. Deficiencies found with the system, if any, are listed on this report. Listed deficiencies are violations of Florida Administrative Code and must be corrected in order to avoid formal enforcement action.

If any deficiencies are listed, please have them corrected within thirty (30) days of the date of this letter. For those deficiencies that cannot be corrected within this time frame, provide this office with a written schedule for correction within this same time frame.

Sincerely,

A handwritten signature in cursive script, appearing to read "Jerry W. Ma".

Jerry W. Ma, P.E.
Professional Engineer

JWM/al

Enclosure
cc: Eric Glidden



Environmental Engineering Division
60 Danley Drive, Unit 1 • Fort Myers, FL • 33907
Phone: 239-274-2200 • Fax: 239-274-2201
www.leechd.com



**SANITARY SURVEY/INSPECTION FORM**

Page 1

Type of inspection: ☐ Initial Compliance Inspection ☒ Sanitary survey Describe:Type of system: ☒ public water system (PWS) ☐ Transferred or discovered PWS

Date of inspection: 01/19/11

Name of inspector: Jerry Ma & Allen

SYSTEM

System

Name Useppa Island Utility Company PWS # 5360299
Address P.O. Box 640 / 8115 Main Street
City Bokeelia State Florida Primary Phone 2836078/2831061
System Type Community Population served 200
Owner Type INVESTOR Active service connections 151
Category Class Cat II / Class C Primary Service Area Useppa Island

Facility Owner

Owner Garfield Beckstead Company Useppa Island Utility Company Title _____
Address P.O. Box 640 / 8115 Main Street
City Bokeelia State Florida Zip 33922 Country _____
Attention _____
Phone 2836078/2831061 Cell _____ Fax 2836079
E-mail _____ Web Site www.useppa.com

Service Areas

Primary / Secondary

PRIMARY / SECONDARY

RELATED PARTY

Contact Eric Glidden Title _____
PWS Role PLANT MANAGER
Phone #1 2836078 Extension _____
Phone #2 2831061 Extension _____ Fax Number 2836079
Email eric@useppa.com
Company Useppa Island Utility Company Mailing Address ☐ Yes ☐ No
Attention _____
Address P.O. Box 640 / 8115 Main Street
City Bokeelia
Country _____
State Florida Zip 33922

RELATED PARTY

Contact _____ Title _____
Role _____ Extension _____
Phone #1 _____ Fax Number _____
Phone #2 _____ Extension _____
Email _____
Company _____ Mailing Address ☐ Yes ☐ No
Attention _____
Address _____
City _____
Country _____
State _____ Zip _____

SOURCE

ORACLE PAGE 1 Well No 1 of 2 Name Well No.1
 Florida Well ID AAD5763 Source Ground Grouted ☒ Yes ☐ No
 Year Drilled 2003 Well Protected-Apron ☒ Yes ☐ No
 Depth Drilled 320 Well Ever Contaminated ☒ Yes ☒ No
 Drilling Method ROTARY DRILL Availability PERMANENT

Intake Depth (min) _____ Intake Depth (max) _____ Zone of Influence Radius U/K
 Static Water Depth _____ Surface Water Influence ☐ Yes ☐ No
 Normal Yield _____ Date Under Influence _____

INNER CASING CHARACTERISTICS

Material PVC
 Diameter: Max _____ Min _____ Inches
 Length: Max 280 Min _____ Ft
 Depth: Max _____ Min _____ Ft

OUTER CASING CHARACTERISTICS

Material GALVANIZED
 Diameter: Max _____ Min _____ Inches
 Length: Max _____ Min _____ Ft
 Depth: Max _____ Min _____ Ft

Comments _____

COMPLIANCE CHECKLIST

Well Name	No.1	No.4
Wellhead free of openings?	Yes	Yes
Concrete apron/pad installed?	Yes	Yes
Concrete pad/apron at least 6'x6'x4"?	Yes	Yes
Is the pad free of openings or cracks?	Yes	Yes
Air relief valve (if provided) functional?	Yes	Yes
Air relief valve (if provided) screened?	Yes	Yes
Casing sealed?	Yes	Yes
Casing 12" above grade?	Yes	Yes
Casing vent installed?	No	No
Casing vent screened?	*	*
Casing vent down-turned?	Yes	Yes
Raw water tap installed?	Yes	Yes
Raw water tap smooth-nosed?	Yes	Yes
Raw water tap down-turned?	Yes	Yes
Raw water tap 12" above grade?	Yes	Yes
Check valve installed?	Yes	Yes
Check valve close completely (no leak)?	Yes	Yes
Check valve upstream of injection point?	Yes	Yes
Meter type (totalizing, elapsed time, etc)	Totalizing	Totalizing
If installed, is the flow meter functional?	Yes	Yes
If elapsed time, is GPM established?	Yes	Yes
Hazards free within setback zones?	Yes	Yes
If not, list hazard & feet from well	N/A	N/A
System monitor hazards near the well?	Yes	Yes

Comment: _____

ORACLE PAGE 1 Well No 2 of 2 Name Well No.4
 Florida Well ID AAD5762 Source Ground Grouted ☒ Yes ☐ No
 Year Drilled 1989 Well Protected-Apron ☒ Yes ☐ No
 Depth Drilled 320 Well Ever Contaminated ☒ Yes ☒ No
 Drilling Method ROTARY DRILL Availability PERMANENT

Intake Depth (min) _____ Intake Depth (max) _____ Zone of Influence Radius U/K
 Static Water Depth _____ Surface Water Influence ☐ Yes ☐ No
 Normal Yield _____ Date Under Influence _____

ORACLE PAGE 2

INNER CASING CHARACTERISTICS

Material PVC
 Diameter: Max _____ Min _____ Inches
 Length: Max 280 Min _____ Ft
 Depth: Max _____ Min _____ Ft

OUTER CASING CHARACTERISTICS

Material GALVANIZED
 Diameter: Max _____ Min _____ Inches
 Length: Max _____ Min _____ Ft
 Depth: Max _____ Min _____ Ft

Comments _____

TREATMENT

Plant No 1 of 1 Name _____
 Certified Operator ☒ Yes ☐ No ☐ SCADA ☐ Reduced Min. Operating Pressure 52
 Emergency Power ☒ Yes ☐ No Meter Type _____
 Design Capacity 56000 GPD Meter Capacity _____

Plant No _____ of _____ Name _____ Status _____
 Certified Operator ☐ Yes ☐ No ☐ SCADA ☐ Reduced Min. Operating Pressure _____
 Emergency Power ☐ Yes ☐ No Meter Type _____
 Design Capacity _____ Meter Capacity _____

COMPLIANCE CHECKLIST

Plant Name		
O & M	Operation & Maintenance (O&M) log at plant?	Yes
	Is O & M manual available at the plant(s)?	Yes

CHLORINATION

	Is well GPM consistent?	Yes
	If so, does the chlorinator run with the well?	Yes
	Treated sample tap provided?	Yes
	Chlorine residual at entry point to distribution	2.7
	Chlorine solution strength?	10.5%
	Antisiphon or Positive pressure injection point?	Yes
HYPOCHLORITE (OCL)	SOLUTION	
	Hypochlorite (OCL) solution tank covered?	Yes
	OCL solution tank measurable?	Yes
	Solution vat capable of being drained?	Yes
	Vat meet NSF 61 standards?(after 8/03)	Yes
SAFETY	OCL stored separately from organics?	Yes
	OCL stored separately from acids?	Yes
	Gloves, apron, & eye-protection onsite?	Yes
	Eyewash onsite (if OCL solution is > 7%)?	Yes
	Hose / Shower onsite? (> 120 gal OCL)	Yes
GAS CHLORINE (GCL)	STORE	
	Gas chlorine (GCL) stored out of sunlight?	N/A
	GCL room separate from operating areas?	N/A
	GCL room discharge near the floor?	N/A
SCALE	VENT	
	GCL intake near the ceiling?	N/A
	Scales for weighing gas cylinders installed?	N/A
	Are the scales working / functional?	N/A
SAFETY	Self contained breathing apparatus onsite?	N/A
	Are rubber gloves kept onsite?	N/A
	Is fresh ammonia kept onsite?	N/A

STORAGE

STORAGE DETAILS

Tank Number 1 of 2 Name Ground

Plant Name _____

Tank Type GROUND Tank Material glass fused to steel Tank Capacity 100000

Coating Type _____ Gravity Drain ☒ Yes ☐ No Grav Drain Pipe Size 6 IN.

Bypass ☒ Yes ☐ No Bypass Pipe Size _____ IN.

Availability PERMANENT Sight Glass/Level Indicator ☒ Yes ☐ No

PSI Gauge ☐ Yes ☐ No Free of leaks ☒ Yes ☐ No Pump On/ Off Pressure _____ PSI

Relief Valve ☐ Yes ☐ No Tank Floats on System ☒ Yes ☐ No

Bottom Elevation _____ Height 25' Max. Water Level 25'

Tank Number 2 of 2 Name Hydro

Plant Name _____ Plant No _____

Tank Type HYDROPNEUMATIC Tank Material STEEL Tank Capacity 1000

Coating Type _____ Gravity Drain ☐ Yes ☐ No Grav Drain Pipe Size _____ IN.

Bypass ☐ Yes ☐ No Bypass Pipe Size 3 IN.

Availability PERMANENT Sight Glass/Level Indicator ☒ Yes ☐ No

Pressure Gauge ☒ Yes ☐ No Leaks ☐ Yes ☒ No Pump On/ Off Pressure 52 62 PSI

Air Relief Valve ☒ Yes ☐ No Tank Floats on System ☐ Yes ☒ No

Bottom Elevation _____ Height _____ Max. Water Level 50%

Comments _____

COMPLIANCE CHECKLIST

INSPECTION	Washouts compliant? (every 5 yrs)	Yes	2008/12
	5 year inspections performed?	Yes	2008/12
	Annual inspections performed?	Yes	
HYDRO	Pressure relief valve installed?	Yes	
	Is a sight glass installed?	Yes	
	PSI gauge installed?	Yes	
	If so, is it functional?	Yes	
GRN/ELEVATED	Entry hatch closed?	N/A	
	Fresh air vent installed?	N/A	
	Overflow installed?	N/A	
	Fresh air vent screened?	N/A	
	Overflow screened?	N/A	
	Splash pad provided?	N/A	

Storage capacity meet or exceed 25% of the historical maximum daily demand? YesIf not, does storage comply with *Water Distribution Systems Handbook* or meet the peak-hour demand for 4 consecutive hours? N/A

Comments: _____

DISTRIBUTION

DISTRIBUTION DETAILS

WATER MAIN MATERIALS

PVC

System looped ☐ Yes ☒ No
Min operation pressure 52 PSIPipe diameter (inches) Max 4" Min 2"How often flushed 2wks-1mthsNumber of dead-ends 4Fire hydrants ☐ Yes ☒ NoAny known cross connections? ☐ Yes ☒ No Describe: _____Any blowoff lines below grade? ☐ Yes ☒ No

of reduced pressure BFPS _____

of approved double check valve BFPS 1

of BFP tests in last 12 months _____

of isolation valves 8**DISTRIBUTION COMPLIANCE CHECKLIST**System have a flushing program? NoSystem flush dead ends at least quarterly? YesDoes the water system exercise all of the distribution valves routinely and in accordance with the manufacturer's recommendations? NoIs free chlorine above 0.2 mg/L? YesTotal chlorine above 0.6 mg/L YesDoes system maintain at least 20 PSI within all parts of the distribution system? Yes

Comments: _____

PUMPS AND CONTROLS

PUMP DETAILS

Pump Number 1 of 2 Name _____Pump Type CentrifugalHorsepower 10

Pump Purpose _____

Head in Feet _____

Manufacturer Goulds

Associated Plant Name _____

Model Number 3656

Associated Well Name _____

Availability PERMANENT

Associated Intake Name _____

Capacity 140gpm

Associated Tank Name _____

Pump Number 2 of 2 Name _____Pump Type CentrifugalHorsepower 10

Pump Purpose _____

Head in Feet _____

Manufacturer Goulds

Associated Plant Name _____

Model Number 3656

Associated Well Name _____

Availability PERMANENT

Associated Intake Name _____

Capacity 140

Associated Tank Name _____

COMPLIANCE CHECKLIST

CONTROLS HIGH SERVICE

Manual or automatic controls? AutomaticAre HSPs functional? YesAny noise or vibration from HSPs? NoHSP GPM meet rated capacity? YesIf so, does PWS plan to employ preventative maintenance (PM) soon? *Does the total HSP capacity meet or exceed maximum daily demand? YesPump on/off pressure settings (PSI)? 52/62Are stop pressures near the maximum pressures of the storage tank (if using hydro)? YesDo on/off pressures allow proper water exchange? (at least 25 percent recommended)? Yes

Comments: _____

MONITORING/REPORTING CHECKLIST

CHLORINE	Does the chlorine test kit read between 0.2 to 4.0?	Yes	Chlorine test kit reagents utilized in date?	Yes	
	Does the chlorine test kit use DPD type reagent?	Yes	Chlorine "grab" samples collected twice/week?	Yes	
	Chlorine sampling results recorded on the MOR?	Yes	If so, were any results zero?	Yes	
COMPLIANCE	Compliance maintained for bacteriological sampling?	Yes	Bacti results below the MCL?	Yes	
	Chemical sampling (NOx, VOCs, etc) compliant?	Yes	Chemical sampling results below the MCL?	Yes	
	Lead and copper sampling compliant?(C, P)	Yes	Lead & copper results below MCL?	Yes	
	Disinfection By-Product monitoring compliant? (C, P)	Yes	Disinfection By-Product results below MCL?	Yes	
MONITORING PLANS	BACT	Bacteriological (bacti) sampling plan onsite?	Yes	Bacti plan include a schedule for sampling?	Yes
		Bacti plan include repeat sampling provisions?	Yes	Does the bacti plan include a map?	No
	DBP	Disinfection By-Products Plan (DBPP) onsite?	No	DBPP kept up to date?	N/A
		DBPP plan include a map of sampling sites?	N/A	DBPP include a schedule for sampling?	N/A
	L&C	Is the Lead & Copper Plan (LCP) onsite?	N/A	Is the LCP fully complete?	N/A
		Is the Lead & Copper Plan kept up-to-date?	N/A		

Comments:

MANAGERIAL / FINANCIAL CHECKLIST

NSF	Treatment Chemicals meet NSF 60 standards?	Yes		
	System components (chlorine solution vats/storage tanks/pipe & feed-lines/new meters/etc) meet NSF 61 Standards?		Yes	
CCC	Cross-connections prevented? (TNC and/or NTNC)	Yes		
	Cross-connection control (CCC) plan onfile?	Yes	Is the CCC Plan implemented?	Yes
	Complete records retained for CCC Program?	N/A	High hazard accounts equipped w/RPZ?	Yes
	Annual testing performed on backflow devices?	No		
RECORDS	Bacteriological analyses results kept for at least 5 years?	Yes		
	Records of chemical analyses kept for at least 10 years?	Yes		
	Reports, summaries, or communications relating to CCC or sanitary surveys kept for at least 10 years?		Yes	
	Monthly operation reports (MORS) kept at least 10 years?	Yes		
SECURITY	Are all the facilities kept under lock and key?	Yes		
	Are facilities fenced?	Yes	Are tanks fenced?	Yes
	Storage tank ladders include ladder guards?	Yes	Are hatches locked?	Yes

Comments:

OPERATOR STAFFING CHECKLIST

Plant category and class per FAC 62-699?	Cat II / Class C
Operator visits comply with FAC 62-699?	Yes
Does the operator visits recorded in the O & M log confirm compliance with required visits?	Yes
Plant checked by owner/representative on days that certified operator does not visit plant?	*
Monthly operation reports submitted by the 10 th of the following month?	See Recommendations
Monthly operation reports submitted correctly as well as completely?	See Recommendations

FIELD SAMPLING RESULTS

Distribution CI (mg/L) /pH

2.5/7.3

/

/

/

TECHNICAL ASSISTANCE PROVIDERS (TAP) RECOMMENDED? ☐ Yes (see enclosed TAP information)☐ No TAP recommended at this time

DEFICIENCIES

1. ITEMS LISTED BELOW SHOULD BE AVAILABLE ONSITE FOR REVIEW DURING A SANITARY SURVEY INSPECTION.

* STAGE 1 DISINFECTANT / DISINFECTION BYPRODUCTS RULE MONITORING PLAN

All community and non-transient non-community public water systems must have a Stage 1 Disinfectant/Disinfection Byproducts Rule Monitoring Plan.

* FLUSHING/VALVE EXERCISE PLANS AND RECORDS

All dead-end mains are required to be flushed quarterly or in accordance with a written flushing plan. Other water mains shall be flushed as necessary whenever water quality complaints are received. All valves in the distribution system and at the water treatment plant are required to be exercised quarterly or in accordance with a written valve exercise program.

2. HYDROPNEUMATIC TANK SHALL BE CLEANED AND INSPECTED AT LEAST ONCE EVERY 5 YEARS

62-555.350(2) Finished-drinking-water storage tanks, including conventional hydropneumatic tanks with an access manhole but excluding bladder- or diaphragm-type hydropneumatic tanks without an access manhole, shall be checked at least annually to ensure that hatches are closed and screens are in place; shall be cleaned at least once every five years to remove biogrowths, calcium or iron/manganese deposits, and sludge from inside the tanks; and shall be inspected for structural and coating integrity at least once every five years by personnel under the responsible charge of a professional engineer licensed in Florida.

3. STORAGE TANK LEVEL INDICATOR MARKS PEELED OFF

4. HYDRO TANK SIGHT GLASS NEED SOME CLEANING OR REPLACE

5. LEAKING AT THE R.O. (PIPING) AND WELL NO1

6. NEED ELECTRICAL CONDUIT AT AERATOR

62-555.350(2) Suppliers of water shall keep all necessary public water system components in operation and shall maintain such components in good operating condition so the components function as intended.

RECORDKEEPING

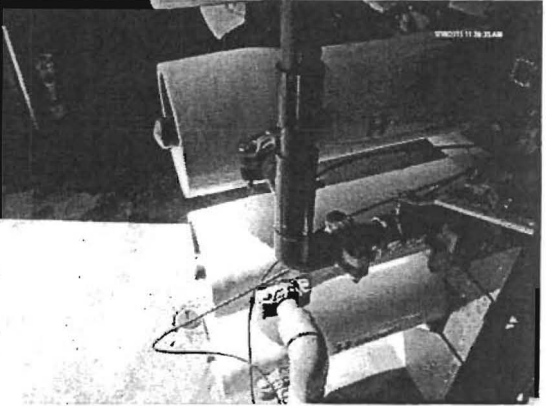
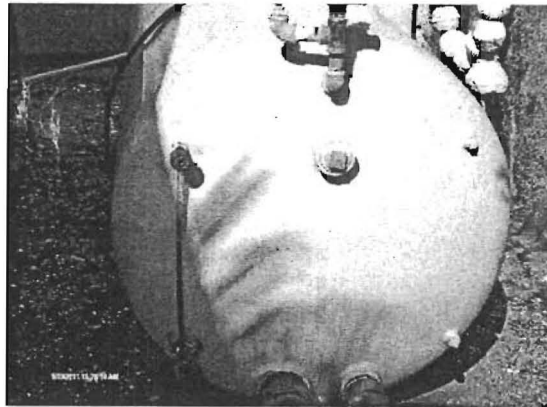
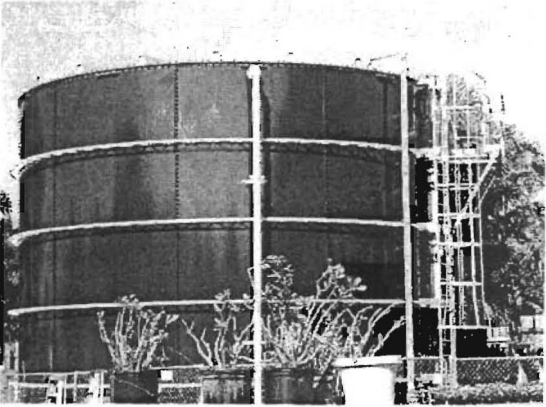
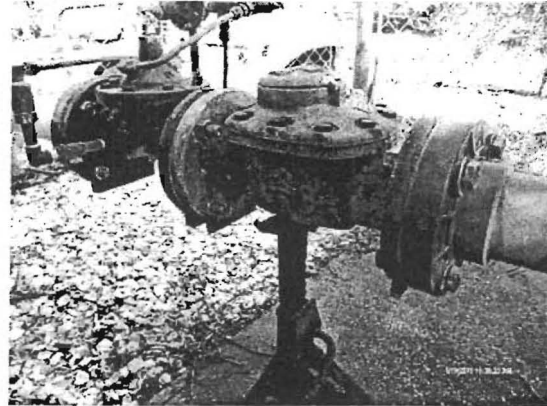
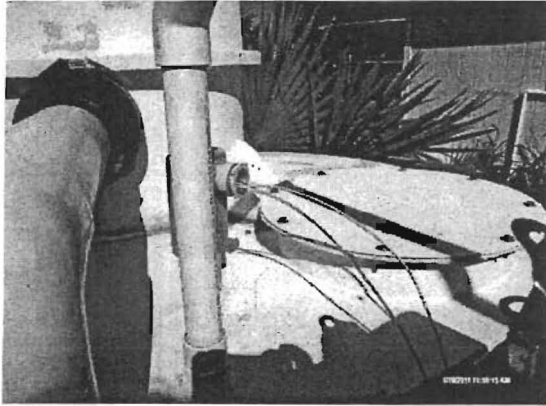
Please note that Florida Administrative Code 62-550.720 states, in part, that "All suppliers of water shall retain on the premises of the public water system treatment plant or at a location near the premises, records for bacteriological, chemical, cross connection, water plant operation, and general correspondence. The times of retention vary as outlined below:

Record Type	Retention
Bacteriological analyses	5 years
Chemical analyses	10 years
Records of all actions taken by the system to correct a violation of primary drinking water regulations	3 years
Written reports, summaries, or communications relating to cross connection control or sanitary surveys	10 years
Records concerning a variance or exemption granted to the system	5 years
Water plant monthly operation reports (MORs)	10 years
Records of all data used to complete the application for a permit and any records required by the permit	3 years

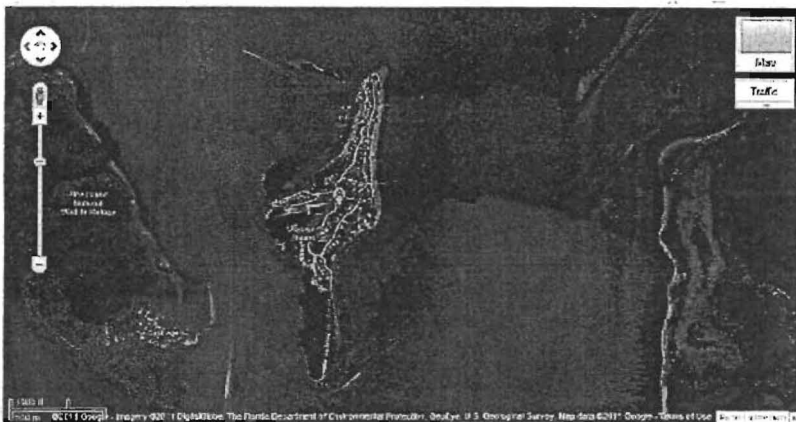
Inspector: Allen Eng Specialist I Date: 1/20/11

Reviewer: Jim W. Ma P.E. II Date: 1/20/11

Digital Photos

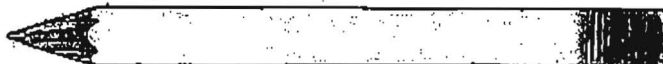


Map to Facility



**Environmental Engineering
Lee County Health
Department**

60 Danley Drive, Unit #1
Fort Myers, Florida 33907
Phone: (239) 274-2200 FAX: (239) 274-2201



FAX COVER SHEET

TO: *Eric*FROM: *Terry W. Miller*FAX No: *283-6079*PAGES, including cover: *4*

PHONE:

DATE/TIME: *Oct 19, 2011*SUBJECT: *Useppa Inspection Report*

When Applicable - WILL

WILL NOT

send original by USPS.

Comments:

*Eric,**Here is the inspection report**you are looking for. Thank you*☐ Urgent☐ For Review☐ Please Comment☐ Please Reply☒ Per Your Request
CONFIDENTIAL ALERTNESS

"This transmission may contain material that is CONFIDENTIAL under federal and Florida statutes and is intended to be delivered to only the named addressee. Unauthorized use of this information may be a violation of criminal statutes. If this information is received by anyone other than the named addressee, the recipient shall immediately notify the sender at the address or the telephone number above and obtain instruction as to the disposal thereof. Under no circumstances shall this material be shared, retained or copied by anyone other than the named addressee."



Rick Scott
Governor

H. Frank Farmer, Jr., M.D., Ph.D., FACP
State Surgeon General

August 4, 2011

Garfield Beckstead
Useppa Island Club
PO Box 640
8115 Main Street
Bokeelia, FL 33922

Reference: Compliance Inspection Report for Community Water System
Useppa Island Club
PWS I.D. No.: 5360299

Dear Mr. Beckstead:

Attached is a copy of the recently completed Compliance Inspection Report for the referenced water system. Deficiencies found with the system, if any, are listed on this report. Listed deficiencies are violations of Florida Administrative Code and must be corrected in order to avoid formal enforcement action.

If any deficiencies are listed, please have them corrected within thirty (30) days of the date of this letter. For those deficiencies that cannot be corrected within this time frame, provide this office with a written schedule for correction within this same time frame.

Sincerely,

Jerry W. Ma, P.E.
Environmental Engineering

Enclosure
cc: Eric Glidden



Environmental Engineering Division
60 Danley Drive, Unit 1 • Fort Myers, FL • 33907
Phone: (239) 274-2200 Fax: (239) 274-2201
www.leechd.com

 **LEE COUNTY**
SOUTHWEST FLORIDA

Compliance Inspection Form

Page 1

Water system:	USEPPA UTILITY	System PWS#:	5360299	Date of inspection:	08/04/11
System address:	P.O. BOX 640 / 8115 MAIN STREET	City:	BOKEELIA	State:	FL Zip 33922
System phone:	2836078			Cell:	7078780
Fax number:	2836079			Email:	eric@useppa.com
Owner name:	GARFIELD BECKSTEAD	Owner title:	OWNER		
Owner address:	P.O. BOX 640 / 8115 MAIN STREET	City:	BOKEELIA	State:	FL Zip 33922
Owner phone:	2831061			Cell:	
Fax number:	2836079			Email:	
Operator required?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If "No", Operator sections not applicable)	Operator name:	ERIC GLIDDEN C-12872		
Operator Email	eric@useppa.com	Phone	2836078	Fax:	2836079

S=Satisfactory U=Unsatisfactory ~ =Not Applicable * =See comment below

Well Number	AAD5763 #1	AAD5762 #2	Water system map compliant?	Yes
Well head sealed? (Pad/conduit/openings)	S	S	Flushing of dead ends compliant?	No
Well casing 12" above grade?	S	S	Valve maintenance compliant?	Yes
Casing vent compliant? (2003)	S	S	Chlorine residual > 0.2 mg/L	Yes
Check valve compliant?	S	S	Number of high service pumps?	2 (transfer pump)
Tap Compliant? (Smooth/12" high/pre-check)	S	S	High service pumps functional?	N/A
Flow measurable?	S	S	CCC devices tested annually?	Yes
Security measures compliant?	S	S	Flow meter accuracy checked?	Yes
O & M manual compliant?	S		ERP, PbCu, DBP, and CCC Plans?	Yes
Cl storage compliant (no organics/acid/sun)	S		In use permits have clearance?	Yes
Spare chlorinator compliant?	S		Operator visits compliant?	Yes
Loss of chlorine alarm compliant?	S		Plant checked 5 times per week?	Yes
Treated sample tap provided?	S		MORs submittal compliant?	Yes
Security measures compliant?	S			
Cl solution NSF approved?	S		By how many last inspection or survey?	
Solution vat compliant? (covered/etc)	S		Last inspection fully compliant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (see below)	
Safety: (Gloves/Apron/Eyewash/etc)	S		Number of deficiencies last cited?	6
Cl room compliant? (separate/ventilation)			Were any of the deficiencies "repeat"?	Yes
Scales compliant?			Response from system submitted?	No
Auto switchover provided?			Have deficiencies been addressed?	Yes
Safety: (SCBA/Gloves/Ammonia/Panic HW)				
Aeration	S			
pH adjustment	-			
Orthophosphate	-			
Other:	-			
Tank Number	1H 2G			
Inspections compliant? (annual/5yr)	S S	Ground tank inspected in 2008		
Overflow/Vents compliant? (elevated)	S S			
Pressure relief valve provided? (hydro)	S S			
Security measures compliant?	S S			
Remote Cl (mg/L)	1.2	Pressure	~55psi	
Remote pH	7.2			
		Plant Cl (mg/L) / pH	2.7	Pressure
			8.1	

COMMENTS



Compliance Inspection Form

Page 2

DEFICIENCIES

Hydropneumatic Tank sight glass needs some cleaning or replacement

Hydropneumatic Tank shall be cleaned and inspected at least once every 5 years

62-555.350(2) Finished-drinking-water storage tanks, including conventional hydropneumatic tanks with an access manhole but excluding bladder- or diaphragm-type hydropneumatic tanks without an access manhole, shall be checked at least annually to ensure that hatches are closed and screens are in place; shall be cleaned at least once every five years to remove biogrowths, calcium or iron/manganese deposits, and sludge from inside the tanks; and shall be inspected for structural and coating integrity at least once every five years by personnel under the responsible charge of a professional engineer licensed in Florida.

62-555.350(2) Suppliers of water shall keep all necessary public water system components in operation and shall maintain such components in good operating condition so the components function as intended.

Flushing/Valve Exercise Plans and Records

All dead-end mains are required to be flushed quarterly or in accordance with a written flushing plan. Other water mains shall be flushed as necessary whenever water quality complaints are received. All valves in the distribution system and at the water treatment plant are required to be exercised quarterly or in accordance with a written valve exercise program.

Make sure install the sampling tab back to the well

62-555.320(8)(b)2. The discharge piping from each well pump shall include a smooth-nosed tap for sampling raw well water. All such sampling taps shall be located upstream of the check valve in the discharge piping if possible and upstream of all treatment facilities and chemical application points; shall be located at least 12 inches above the finished floor, pad, or ground surface below the tap; and shall be conveniently accessible and downward-opening. Raw well water sampling taps installed on or after August 28, 2003, except those installed under a construction permit for which the Department received a complete application before August 28, 2003, shall have no interior or exterior threads.

INSPECTOR'S SIGNATURE

TITLE

ENGINEERING SPECIALIST I

DATE: August 4, 2011

REVIEWED BY

TITLE

PE II

DATE: August 4, 2011



Florida Department of Environmental Protection

South District Office
Post Office Box 2549
Fort Myers, Florida 33902-2549

Rick Scott
Governor

Jennifer Carroll
Lt. Governor

Herschel T. Vinyard Jr.
Secretary

June 2, 2011

Mr. Timothy Fitzsimmons
CEO
Useppa Island Utility Company
P.O. Box 640
Bokeelia, FL 33922

RE: Lee County-DW
Useppa Island WWTP
FLA014494
OGC Case No.: 10-3349-36-DW

Dear Mr. Fitzsimmons:

The Department has reviewed the above referenced OGC case and has determined that all conditions of the Consent Order have been satisfactorily completed.

We will close this case and put it in our inactive file.

Your cooperation in resolving the matters of this case is appreciated. **If you have any questions, please contact Keith Kleinmann of this office at (239) 344-5656.**

Sincerely,

Jon M. Iglehart
Director of District Management

JMI/DWF/jl

Cc: Enforcement File
Alik Moncrief, OGC



Florida Department of Environmental Protection

South District Office
Post Office Box 2549
Fort Myers, Florida 33902-2549

Charlie Crist
Governor

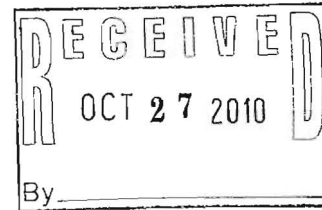
Jeff Kottkamp
Lt. Governor

Mimi A. Drew
Secretary

CERTIFIED MAIL NO.: 7008 0500 0000 7776 0735
RETURN RECEIPT REQUESTED

October 26, 2010

Mr. Timothy Fitzsimmons
CEO
Useppa Island Utility Company
P.O. Box 640
Bokeelia, FL 33922



SUBJECT: PROPOSED SETTLEMENT IN CASE OF DEP vs. Useppa Island Utility Company
OGC CASE #10-3349-36-DW PERMIT NO.: FLA014494

Dear Mr. Fitzsimmons:

Enclosed is the Short Form Consent Order to resolve the above referenced case. Please sign, date, and return this copy to the Department **within fifteen (15) days**.

If you have any questions please contact Keith Kleinmann at (239) 332-6975, ext. 182. Your cooperation in resolving this case is appreciated.

Sincerely,

Jon M. Iglehart
Director of District Management

JMI/DWF/jl
Enclosure

cc: Enforcement File

Mr. Fitzsimmons
October 26, 2010

SHORT FORM CONSENT ORDER

October 26, 2010

Mr. Timothy Fitzsimmons
CEO
Useppa Island Utility Company
P.O. Box 640
Bokeelia, FL 33922

SUBJECT: Proposed Settlement of Useppa Island Utility Company
OGC File No.: 10-3349-36-DW

Dear Mr. Fitzsimmons:

The purpose of this letter is to complete the resolution of the matter previously identified by the Department in the Warning Letter dated August 10, 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 \$1,500, along with \$500 to reimburse the Department costs, for a total of \$2,000.

The civil penalties are apportioned as follows:

\$1,000 for violation of Florida Administrative Code (F.A.C) Rule 62-620.410 (5) and
\$500 for violation of F.A.C. Rule 62-600.400 (2)(b)

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, 2295 Victoria Ave, P.O. Box 2549, Fort Myers, FL 33902-2549, within thirty (30) days of your signing this letter.

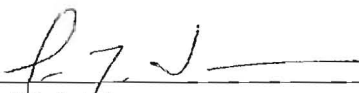
Your signing this letter constitutes your acceptance of the Department's offer to resolve this matter on these terms. If you elect to sign this letter, please return it to the Department at the address indicated above. The Department will then countersign the letter and file it with the Clerk of the 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 Sections 120.69 and 403.121, Florida Statutes.

If you do not sign and return this letter to the Department at the District address **within 15 days**, the Department will assume that you are not interested in settling this matter

Mr. Ftizsimmons
October 26, 2010

on the above described terms, and will proceed accordingly. None of your rights or substantial interests is determined by this letter unless you sign it and it is filed with the Department Clerk.

Sincerely,



Jon M. Iglehart
Director of District Management

FOR THE RESPONDENTS:

I, _____ on behalf of _____, **HEREBY
ACCEPT THE TERMS OF THE SETTLEMENT OFFER IDENTIFIED ABOVE.**

By: _____

Date: _____

.....
FOR DEPARTMENT USE ONLY

DONE AND ENTERED this _____ day of _____, 20__.

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION

Jon M. Iglehart
Director of District Management

FILED, on this date, pursuant to §120.52, Florida Statutes, with the designated Department Clerk, receipt of which is hereby acknowledged.

Clerk

Date

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 28-106.201, Florida Administrative Code.

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



Florida Department of Environmental Protection

South District Office
P.O. Box 2549
Ft. Myers, Florida 33902-2549

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

CERTIFIED MAIL NO.: 7008 0150 0003 1456 5474
RETURN RECEIPT REQUESTED

August 10, 2010

Mr. Timothy Fitzsimmons
CEO
Useppa Island Utility Company
P.O. Box 640
Bokeelia, FL 33922

RE: Lee County-DW
Useppa Inn & Dock Co. WWTP
FLA014494

Dear Mr. Fitzsimmons:

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 site inspection and a file review of the above referenced facility indicate that violations of Florida Statutes (F.S.) and Rules may exist at the above-described facility.

1. **The lift stations did not have sufficient access control; they were neither gated nor locked and were not posted with emergency contact information.** Florida Administrative Code (F.A.C) Rule 62-600.400 (2)(b), states that all treatment plant sites shall be enclosed with a fence or otherwise designed with appropriate features that discourage the entry of animals and unauthorized persons.
2. **The Department did not receive a permit renewal in a timely manner.** F.A.C. Rule 62-620.410(5) states an applicant shall apply to the Department to renew an existing wastewater permit at least 180 days before the expiration date of the existing permit.

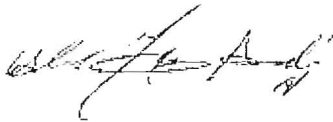
The activities observed during the Department's field inspection and any activity at the facility that may be contributing to violations of the above described statutes and rules should be ceased.

Please contact **Keith Kleinmann** at (239) 332-6975, ext. 182 or at the letterhead address **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.

PLEASE BE ADVISED that this Warning Letter is a part of an agency investigation, preliminary to agency action in accordance with Section 120.57(5), F.S. We look forward to your cooperation in completing the investigation and resolution of this matter

Pursuant to the Americans With Disabilities Act, any person requiring special accommodations to participate in this meeting/workshop/hearing is asked to advise the agency at least 48 hours before the meeting by calling the Bureau of Personnel Services at (850) 245-2511, or by calling (800) 955-8771 (TDD) or (800) 955-8770 (Voice) via the Florida Relay Service.

Sincerely,



for

Jon M. Iglehart
Director of District Management

JMI/DWF/jl

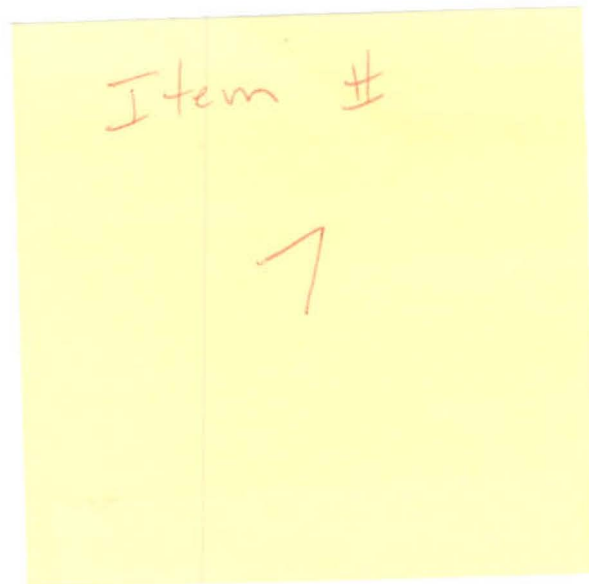
cc: Enforcement File
Allen Slater, FRWA

Amount of water sold each month January 2010 thru August 2011

Readings in 1000

Jan-10	1034
Feb-10	912
Mar-10	951
Apr-10	1133
May-10	1185
Jun-10	1375
Jul-10	1095
Aug-10	953
Sep-10	979
Oct-10	1102
Nov-10	1037
Dec-10	1373
Total	13129

Jan-11	710
Feb-11	927
Mar-11	1347
Apr-11	1183
May-11	1214
Jun-11	1265
Jul-11	848
Aug-11	886
Total	8380



Item
#8

Customer	Date	Complaint	Corrective action	Date Resolved
Albert	1/20/2009	Lift station by house making noise (Alarm on).	Found pump # 1 bad. Replaced with new pump. All ok. No overflow.	1/20/2009
Collier Inn	1/26/2009	Water running down hill behind restaurant.	Found 4" line cracked. Paul/Berk UIDC fixed. Issued boil water. Sampled. All ok	1/26/2009
Guest	2/4/2009	Water bubbling up in field by II-2	Found tractor ran over shut of valve meter box. Repaired 2" line. Flushed line. All ok	2/4/2009
Stevens	2/20/2009	Lift station stinks	Found pumps air bound. Released air. Lift station was full. Pumped down. No smell.	2/20/2009
Newbold	3/4/2009	Pond fountain not working	Replaced pump. Old pump burnt up.	3/4/2009
Fire Dept.	4/14/2009	No water. Tank empty	Found broken service tap off main at II-4. Pipe drained system overnight. Repaired. Issued boil water. Service back on when tank level high enough.	4/14/2009
Shook	8/12/2009	Water bubbling up in front yard.	Found cracked 4" main. Fixed by UIDC crew on site. Issued boil water, samples. All ok	8/12/2009
McColgan	11/24/2009	Water meter leaking to dock.	Leak at dock water meter. Repaired. Before meter.	11/24/2009
Hager	1/13/2010	Water meter leaking.	Replace leaking shut off valve. Installed new meter meter box. All ok	1/13/2010
Nutting	1/16/2010	Sewer back up in house	Found grease in 6" gravity main. Removed, cleaned up mess. Repaired permanently piping repairs on 1/22/10	1/22/2010
Newbold	1/19/2010	Load noise from service dept.	Found blower bearings bad, load noise. Removed blower sent to motor shop. Ordered new blower on 1/20/10	1/19/2010
Albers	3/23/2010	Sewer back up in house	Found roots in 6" gravity line. Repaired . All ok	3/24/2010
Caraway	5/29/2010	Water leaking in road.	Found shell hole in 4" water main. Installed clamp SS. All ok	5/29/2010
Fire Dept.	7/24/2010	No water.	Found tank full, high service pumps off. Bad contacts, no connection on high service pump. Replaced contacts issued boil, water samples.	7/24/2010
Ink	9/6/2010	Neighbor water meter leaking	Installed new water meter. Box. Shut off valve.	9/6/2010
Shook	10/18/2010	Water leaking on front yard	4" water line cracked. Repaired with 4" ss clamp	10/18/2010

Customer	Date	Complaint	Corrective action	Date Resolved
Employee	11/12/2010	Lift station alarm on	Lift station pump bad, bad check valve. Repaired, no overflow .All ok	11/12/2010
Feuchter	1/11/2011	Lift station overflowing	Pump tripped (short), replaced pump. Replumbed station, rewired panel. All ok	1/11/2011
Shepard	3/5/2011	High water bill	Found toilet running. All ok	3/5/2011
Newbold	4/6/2011	Water from well running down hill	Found 4" ball valve blew apart. Faulty clay valve. switched wells ordered new clay valve repair kit.	4/6/2011
Guest	6/11/2011	Water running noise by laundry room	Found hot water heater bad. UIDC service replaced.	6/11/2011
Hanson	6/21/2011	Water leak by village dock	Found cracked pipe. Shut off water. UIDC service repaired pipe.	6/23/2011
Eagle	8/12/2011	Water running down hill by governors house	Found well line cracked due to faulty clay valve on well #1 Repaired pipe. Ordered gasket for clay valve.	8/13/2011
Employee	10/15/2011	Water leaking under pink path	Found service line to III-29 cracked due to roots. Repaired poured new pink path.	10/16/2011
Ligebel	10/28/2011	Sewer back up to duplex	Found grease in 45 elbow. Pipe from house needs to be replumbed. Owner approved work, ordered material, schedule work.	10/28/2011
Stocker	11/10/2011	Water flooding down stair unit	Found house line under house (45 elbow) clogged with tree roots. Repaired. UIDC service cleanup up water from inside of house.	11/10/2011

Utility Assets

Land	See property appraiser print out(Attached)
R/O Plant	60,000 GPD Reverse Osmosis treatment plant 2 - Spare 25 hp motors R/O cleaning / Backwash pump system
De-Gasifier	Cascading with force air
Storage tank	100,000 gallon glass fused to steel ground storage tank
Hydro tank	1,000 gallon hydronumatic tank
Generator	100 KW Cat. Generator with automatic switch to operate water treatment plant and ww treatment plants
Wells	2 ground water wells approximately 340 ft deep with 7.5 hp motors and Franklin pumps. 2 pressure sustaining valves by cla-val.
Monitoring wells	3 Monitoring wells (2 ww, 1 water)
RO leach field	Leach field for R/O concentrate reject
WW Plant	45,000 GPD extended aeration treatment plant with surge system.
Drying bed	Drying bed for sludge disposal
Distribution mains	4" and 2" distribution mains with meters, boxes, etc.
Force mains	6" and 4" force mains
Gravity Mains	6" and 4 " gravity lines
Lift stations	27 lift stations with 1/2 hp pumps, controls, etc
Pump stations	Concentrate pump station with 2 - 1/2 hp pumps Effluent pump station with 2- 1/2 hp pumps

Item
#9



Lee County Property Appraiser

Tax Year
[Next Lower Parcel Number](#) [Next Higher Parcel Number](#) [Tangible Accounts](#) [Tax Estimator](#) [Tax Bills](#) [Print](#)

Property Data for Parcel 09-44-21-00-00001.0070

Owner Of Record

USEPPA ISLAND UTILITIES CO INC
PO BOX 640
BOKEELIA FL 33922

Site Address

USEPPA ISLAND
CAPTIVA FL 33924

Legal Description

PARCEL IN GOVT LOT 1
AS DESC IN OR 3369 PG 1358

Classification / DOR Code

UTILITY / 91

[Tax Map Viewer]



[Pictometry Aerial Viewer]



Property Values (2011 Tax Roll)

Exemptions

Attributes

		Homestead / Additional	0 / 0	Land Units Of Measure	SF
Just	423,078	Widow / Widower	0 / 0	Units	8786.00
Assessed	423,078	Disability	0	Frontage	0
Portability Applied	0	Wholly	0	Depth	0
Cap Assessed	423,078	Senior	0	Total Number of Buildings	2
Taxable	423,078	Agriculture	0	Total Bedrooms / Bathrooms	0 / 14.0
Cap Difference	0			Total Buildings Sq Ft	3,608
				1st Year Building on Tax Roll	1980
				Historic District	No



Taxing Authorities



Sales / Transactions



Building/Construction Permit Data



Parcel Numbering History



Solid Waste (Garbage) Roll Data



Flood and Storm Information



Appraisal Details

TRIM (proposed tax) Notices are available for the following tax years
[[2000](#) [2001](#) [2002](#) [2003](#) [2004](#) [2005](#) [2006](#) [2007](#) [2008](#) [2009](#) [2010](#) [2011](#)]

[Next Lower Parcel Number](#) [Next Higher Parcel Number](#) [New Query](#) [Search Results](#) [Home](#)



USEPPA ISLAND, FLORIDA

911 ADDRESS LOCATOR

IN CASE OF A FIRE
ALERT EVERYONE IN THE BUILDING!
IMMEDIATELY EVACUATE THE BUILDING!
MAKE SURE EVERYONE GOT OUT!
CALL 9-1-1 FROM A NEIGHBOR'S PHONE!
NEVER REENTER THE BUILDING FOR ANY REASON!



FACILITY LEGEND

1. Useppa Main Marina
2. Reception Center /
"Tarpon Towers" Employee Housing
(811 Useppa Island - 816 Useppa Island)
3. Tarpon Bar
4. Marina Suites
5. "Granny's Cottage" Employee Housing
(831 Useppa Island)
6. Fitness Center
7. Twin Water Tanks & Pumps
8. Main Clay Tennis Courts
9. Collier Inn Restaurant & Suites
10. Collier Pool & Hot Tub
11. Pro Shop / Conference Center
12. Croquet Court
13. Beach Side Tennis Court
14. Useppa Museum
15. "Caddy Shack" Employee Housing
(801 Useppa Island - 802 Useppa Island)
16. Trailer Employee Housing
(821 Useppa Island - 827 Useppa Island)
17. Useppa Service Yard & Offices
18. Useppa Museum Annex

USEPPA ISLAND FIRE RESCUE CONTACT NUMBERS

EMERGENCY: 9-1-1
NON-EMERGENCY: 239-283-7578
PAGER: 239-279-7383
FAX: 239-283-0981
EMAIL: USEPPAFIRERESCUE@AOL.COM

GENERAL SERVICE

N.E. DOCK ASSOC (Miller) water only	Dock feed for community shared dock
SALAS PIER (Water only)	Dock feed for community shared dock
HAGER BEACH DOCK (Water only)	Dock feed for community shared dock
SE PIER (McColgan)(Water only)	Dock feed for community shared dock
FIRE DEPARTMENT	Island fire department including housing
MUSEUM 1" Meter	Island museum - guests daily.
NORTH DOCK ASSOC (water only)	Dock feed for community shared dock
EMPLOYEE HOUSING - TRAILERS	Employee housing trailers (8)
EMPLOYEE HOUSING - CADDY	Employee housing apartments (2), Housekeeping dept, service dept.
PRO SHOP	2 Bathrooms, 1 rental apartment
COLLIER INN 2"	Restaurant with 7 rental suites
MARINA 1" (Water only)	Public dock with overnight dockage no wastewater.
TARPON BAR 2"	restaurant and bar.
CROQUET 2" (Water only)	Feeds irrigation to croquet, clay tennis courts, and pool/spa
SERVICE	Feeds landscape, maintenance personnel for irrigation, maintenance
MARINA SHOWERS	3 public bathrooms for overnight boaters
VILLAGE DOCK (Water only)	Dock feed for community shared dock
IS L/S RECEPTION (Water only)	irrigation
IS L/S RUM COVE (Water only)	irrigation

Item

15



Membrane System Suppliers to the World

QUOTE

Hydropro, Inc.

990 W 15th Street, Riviera Beach, FL 33404

Ph: (561) 848-6788 Fax: (561) 881-0315

Quote No. Q1110001

Project: Retrofit RO

Location:

Architect:

Spec/Repl/General:

Customer:

Company: Useppa Island Club

Address: 8115 Main Street

City, State: Bokeelia, FL

Zip: 33922

Country:

Customer #:

Contact: Eric Glidden

Phone: 239.283.6078

Fax: 239.283.6079

Email:

Multiplier Used: 1.00

Quoted By:

R. Bruce Whitty

Division: Service

Office PH: (561) 848-6788, ext 212

Office Fax: (561) 881-0315

Cellular PH: (561) 644-0097

Email:

Date Quoted: Oct-12-2011

QUOTE VALID FOR 30 DAYS

Accepted ☐

Rejected ☐



*If ship to is different from above address, Please advise at time of order.

Model #	Description	Quantity	LIST PRICE	NET COST(ea)	TOTAL
	Equipment and labor to retrofit RO unit to higher recovery includes two 3 element pressure vessels, 6 membrane, piping, structural modifications and 2 men for 2 days	1	\$14,200.00	\$14,200.00	\$14,200.00

Notes:

Permitting is the responsibility of the customer.

Service Department

Please note that a 50% deposit may be required upon acceptance of this quote.

To Order:

Please sign and return this quote:

\$14,200.00

Customer PO#

By signing this QUOTE you accept the pricing below and acknowledge this document as your PURCHASE ORDER. Please include company letterhead with Order.

PRICE DOES NOT INCLUDE

- Freight - Unless Noted
- Taxes - If Applicable
- Installation - Unless Noted

QUOTE



PROPOSAL

August 12, 2011

To: Useppa Utility
PO Box 640
Bokeelia, FL 33922

Complete

Attn: Eric Glidden

Re: Useppa Island – Fusion Tank Rehab

Florida Environmental Construction, Inc. will provide all material, equipment and labor to do the following:

- Replace existing 4" galvanized flanged connection with 1 – 4" 316 stainless steel flanged connection.
- Replace existing 6" galvanized flanged connection with 1 – 6" 316 stainless steel flanged connection.
- Replace existing roof vent with a non-corrosive vent.
- Remove and replace all existing sealer on seams of inside of tank.
- Repair and coat corroded areas on inside of tank as deemed necessary.

This maintenance is required to ensure the longevity of the tank's lifespan. Without this maintenance the lifespan of the tank will be reduced significantly.

We recommend upon completion of this maintenance this tank be inspected every five years to ensure the longevity of the tank's lifespan.

This maintenance will require the tank be out emptied and out of service for 2 days.

TOTAL \$29,569.00

Proposal valid for 30 days from above date.

Submitted by: [Signature]
Florida Environmental Const., Inc.

Accepted by: [Signature]
Useppa Utility

Date: 8/12/11

Date: 8/16/11

Contract
Part of
Def consent
order



ATTACHMENT A

REVISED SCOPE OF WORK FOR TESTING, AND INSTALLATION OF A CLASS V INJECTION WELL SYSTEM

The following is a **revised** program to investigate and construct a Class V injection well disposal system. The original text of the proposal is in normal font and the revised text is **italic and bolded** print for ease of review. Dependent upon the hydraulics of the injection zone, this system may be used to dispose of both Reverse Osmosis by-product and treated waste water. To date the project has received the Florida Department of Protection (FDEP) Exploratory Well Construction and Testing Permit. Following the construction and testing authorized by this permit; additional permits may be required. The additional permits include: 1) Conversion of exploratory well to a Class V test injection well, 2) Construction Permit for additional Class V injection and monitor wells (as required and determined through site testing), and 3) Class V Well Operation Permit. During the permitting to convert the exploratory well to a test injection well the monitoring well system will be designed and permitted.

A – Exploratory Program Approval and Test Permit

1. Develop Testing Program
2. Program Submittal to FDEP and Response

The cost for this work element is \$4,000.00

This work element has been completed No further action or changes are required for this task.

B – Complete Exploratory Program

1. Mobilize
2. Test Boring
 - Lithology
 - Water quality samples – samples from selected horizons
 - Identify target injection zone
 - Characterize confining layers
3. Convert Test Well to 2-inch or 4-inch monitor well (injection zone)
4. Construct 4-inch test injection well
5. Review injection testing plan and set-up with FDEP
6. Complete Injection Testing – Assumes 24-hours and 1 monitor well
7. Complete Analysis and Report – Includes conceptual design for final wellfield
8. Submit Report for Client Review
9. Submit Report to FDEP

The cost for this work element is \$30,000.00

The work elements scheduled under this task required modification to the original proposal and shall be conducted in accordance with the following:

1. ***Mobilize.***
2. ***Prepare drilling pad and containment areas.***
3. ***Install and sample four (4) shallow pad monitor wells.***
4. ***Construct well as detailed in the FDEP submittals.***
5. ***Conduct Testing as detailed in the FDEP submittals.***
6. ***Complete well as either deep zone monitor well or back plug to base of the injection zone for later conversion to test injection well.***
7. ***Complete Analysis and Reporting – Includes conceptual design for final wellfield***
8. ***Submit report for Client Review***
9. ***Submit Report to FDEP***

The revised cost for this work element is \$65,200.00

ATTACHMENT A

REVISED SCOPE OF WORK FOR TESTING, AND INSTALLATION
OF A CLASS V INJECTION WELL SYSTEM

- Continued -

The revised cost for Task B is \$65,200 can be reduced if Useppa Island would provide some initial mobilization and demobilization support to the project. . The mobilization items that would be required from the Utility are related to the installation of the drilling pad, shallow groundwater monitor wells, and the groundwater containment, which we would be able to provide technical support as it pertains to design and FDEP submittals. For demobilization, the drill fluids and cuttings require disposal. Cardno ENTRIX can support Useppa Island in managing these items to the satisfaction of the FDEP. A cost savings of about \$6,665 could be realized if these items were pulled from the drilling contractor.

C – Complete Injection Wells (for proposal purposes assumes a total of 3 Class V wells)

1. Permit for conversion of test-injection well to Class V well
2. Permit for construction of Class V wells
3. Mobilize
4. Install remaining Class V wells
 - Lithologic samples
 - Well construction supervision
5. Complete 4 hour injection capacity test on each well (2 each)
6. Completion report
 - Report will include individual well capacities and suggested operation protocol.

The cost for this work element is \$24,000.00

The final well design will be prepared following the completion of the exploratory drilling in Task B. Actual costs are likely to vary from the previously estimated cost. A revised project cost will be prepared for Task C at that time.

D – Operation Permit

1. Complete and submit Class V Operation Permit to FDEP
2. Assist in negotiating and developing operating and monitoring requirements

The cost for this work element is \$5,000.00

No expected changes are foreseen with this work element.

E – The original cost proposal was for **\$63,000** the revised cost proposal is **\$74,200**. Additional cost for work elements outlined in Task C will be prepared following the completion of the construction and testing in Task B, as there several variables that impact the cost of construction and construction oversight.

F – Assumptions and Limitations

The following assumptions are made in the proposal:

1. The drill rig will be transported back to the mainland within 24-hours of client notification of work completion with the drill rig.
2. The day rate for the drill rig will be \$500.00/day if on the island after the 24-hour work completion notification.
3. The cost proposal assumes that the target injection interval will not exceed 100 feet below ground level. Other similar Class V projects in the area did not exceed this depth. However, since we do not have site-specific data, we cannot guarantee that a similar injection zone is present on site.
4. The injectivity test is estimated for two days (48 hours) duration. The client will provide the potable water to the wellhead for the test. The client will provide his on-site personnel to assist in data collection during the night shift. ENTRIX personnel will leave the site daily.



Shaping the Future

5. The well cost is for an open hole completion. Should a screened completion be necessary, an additional charge of \$500.00/well will be added.
6. Submittal of permit applications does not constitute a guarantee that the FDEP will issue permits. Further, the FDEP could request additional information that could result in additional costs.