

State of Florida



# Public Service Commission

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

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

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**DATE:** January 8, 2024

**TO:** Adam J. Teitzman, Commission Clerk, Office of Commission Clerk

**FROM:** Emily Knoblauch, Engineering Specialist IV, Division of Engineering *EK MR*

**RE:** Docket No. 20230117-WS - Application for staff-assisted rate case in Highlands County by Sun Communities Acquisitions, LLC d/b/a Buttonwood Bay Utilities.

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Please file the attached email and documents regarding “Utility’s Partial Response to Staff’s First Data Request” in the docket file mentioned above.

Note: The Utility’s response to question two of staff’s first data request regarding purchase power is electronically available upon request due to file size.

EK/da

Attachments

**From:** [Johnathan Simons](#)  
**To:** [Emily Knoblauch](#)  
**Subject:** Buttonwood Bay utility information.  
**Date:** Monday, January 08, 2024 9:25:51 AM  
**Attachments:** [image001.png](#)  
[Buttonwood Bay -Waste Water Permit and DMRs \(July 2022 - June 2023\).msg](#)  
[Reports BUT\\_12282023.msg](#)  
[Electrical Ledger BUT\\_12202023.msg](#)

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CAUTION: This email originated from outside your organization. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Good morning,

I wanted to start getting some information over to you for this stuff that was requested please let me know anything you come across that you still need.

Thank you,

**Johnathan Simons**  
**District RV Resort Manager**  
**Buttonwood Bay| Lake Josephine**  
**10001 U.S. 27 S | Sebring FL, 33876**  
**P: 863-655-1122**  
**F: 863-655-4501**  
**NYSE:SUI**  
<https://www.sunoutdoors.com/florida/buttonwood-bay>  
[jsimons@suncommunities.com](mailto:jsimons@suncommunities.com)

**BE YOURSELF & THRIVE | DO THE RIGHT THING**



Buttonwood Bay FLA014348

PERMITTED CAPACITY:

**0.0980** 610 0.5

^ enter all results

17.4642492 <GEO MEAN

	CBOD Eff.		TSS Eff.		Fecal	FLOW					Nitrate	INF		pH		CL2
Jul-22	1.00	2.4	1.20	2.3	0.50	14.5	0.036	0.0360	37%	0.043	0.88	47	48	7.5	7.7	1
Aug-22	2.20	2.3	0.50	2.2	0.50	14.5	0.030	0.0327	33%	0.043	0.75	224	190	7.5	7.7	1
Sep-22	2.10	2.0	2.20	1.9	0.50	14.5	0.040	0.0353	36%	0.043	1.1	159	613	7.6	7.6	1.4
Oct-22	5.00	2.2	2.40	1.7	0.50	14.5	0.042	0.0373	38%	0.044	3.8	171	131	7.2	7.9	1.3
Nov-22	7.30	2.4	2.20	1.8	0.50	14.5	0.043	0.0417	43%	0.044	0.72	189	166	7.6	7.6	1.7
Dec-22	8.10	2.8	1.20	1.9	17.46	15.8	0.048	0.0443	45%	0.043	<0.12	164	168	7.4	7.6	1.8
Jan-23	8.40	3.4	2.80	2.0	0.50	2.6	0.055	0.0487	50%	0.044	<0.12	320	268	7.6	7.6	1.8
Feb-23	9.80	4.1	0.50	1.6	0.50	2.6	0.055	0.0527	54%	0.045	0.16	305	200	7.5	7.6	2.5
Mar-23	4.30	4.2	1.20	1.4	0.50	2.6	0.053	0.0543	55%	0.044	0.96	276	272	7	7.5	2
Apr-23	13.00	4.9	0.50	1.4	0.50	2.6	0.040	0.0493	50%	0.043	0.62	292	234	7.5	7.5	2
May-23	7.70	5.5	3.00	1.6	0.50	1.8	0.026	0.0397	40%	0.042	<0.12	197	164	7.5	7.9	2.1
Jun-23	22.00	7.1	9.20	2.1	0.50	1.8	0.023	0.0297	30%	0.040	17	245	152	7.7	8	1.6
Jul-23	1.00	7.1	1.60	2.2	0.50	1.8	0.026	0.0250	26%	0.040	2.2	193	188	7.7	8.2	1.6



**Water and Wastewater Utility Operations, Maintenance, Engineering, Management, Construction**

Facility Name: **Buttonwood Bay WWTF**

Permit #: **FLA014348** Permit Expiration: **10/10/2024** Revision Date(s): \_\_\_\_\_

Capacity **0.098 mgd (AADF)**

Effluent Sampling:

	<u>LIMITS</u>		<u>FREQUENCY</u>		
CBOD	<b><u>30 MA</u></b>	<b>Monthly</b>	Bi-weekly	Quarterly	Annually
TSS	<b><u>30 MA</u></b>	<b>Monthly</b>	Bi-weekly	Quarterly	Annually
Fecal	<b><u>800 max</u></b>	<b>Monthly</b>	Bi-weekly	Quarterly	Annually
Nitrate	<b><u>12 max</u></b>	<b>Monthly</b>	Bi-weekly	Quarterly	Annually

Influent Sampling:

CBOD	<b>Monthly</b>	Bi-weekly	Quarterly	Annually
TSS	<b>Monthly</b>	Bi-weekly	Quarterly	Annually

Sludge Haul:                      Biosolids generated by this facility may be transferred to Charlotte County Bio-Recycling Center 29751 Zemel Road Punta Gorda FL 33955 or disposed of in a Class I solid waste landfill.

Amount of sludge hauled should be recorded on the monthly flow sheet. If none, "0 Sludge" should be noted.

FREQUENCY

Ground Water Monitoring                      Monthly                      Quarterly                      Semi-annual                      Annually                      **Not Required**

Other::

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Minimum TRC 1.0 mg/L

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Please Note the Following:

This is a summary only and should be compared to the Permit kept at the facility. If there are any discrepancies, report them immediate to the Operations Department.

**4939 Cross Bayou Boulevard \* New Port Richey \* Florida \* 34652  
Tel: 727-848-8292    Fax: 727-848-7701    Toll Free: 866-753-8292**



# FLORIDA DEPARTMENT OF Environmental Protection

South District  
PO Box 2549  
Fort Myers FL 33902-2549  
[SouthDistrict@FloridaDEP.gov](mailto:SouthDistrict@FloridaDEP.gov)

**Ron DeSantis**  
Governor

**Jeanette Nuñez**  
Lt. Governor

**Noah Valenstein**  
Secretary

## STATE OF FLORIDA NOTICE OF PERMIT REVISION

*Sent by Electronic Email*

In the Matter of an  
Application for Permit by:

John McLaren  
Sun Communities, Inc.  
27777 Franklin Road, Suite 200  
Southfield, MI 48034  
Email: [jmclaren@uswatercorp.com](mailto:jmclaren@uswatercorp.com)

**Highlands County – Domestic Wastewater**  
Buttonwood Bay WWTP  
P.A. File No.: FLA014348-017-DW3  
Date of Revision: October 17, 2019

Dear Mr. McLaren:

This permit revision is issued to correct a typographical error in the permit.

Page one of the permit is revised as follows:

**From:**

Expiration Date: October 10, 2019

**To:**

Expiration Date: October 10, 2024

**All other conditions of the permit number FLA014348 shall remain unchanged. This letter must be attached to the referenced permit and becomes a permanent part thereof.**

Based upon the application and supplemental information, the Department has determined that the applicant has provided reasonable assurance that the above described wastewater project complies with the applicable provisions of Chapter 403 of the Florida Statutes and Title 62 of the Florida Administrative Code.

This action is final and effective on the date filed with the Clerk of the Department unless a petition for an administrative hearing is timely filed under Sections 120.569 and 120.57, F.S., before the deadline for filing a petition. On the filing of a timely and sufficient petition, this action will not be final and effective until further order of the Department. Because the administrative hearing process is designed to formulate final agency action, the hearing process may result in a modification of the agency action or even denial of the application.

**Petition for Administrative Hearing**

A person whose substantial interests are affected by the Department's action may petition for an administrative proceeding (hearing) under Sections 120.569 and 120.57, F.S. Pursuant to Rules 28-106.201 and 28-106.301, F.A.C., a petition for an administrative hearing must contain the following information:

- (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 are or will be affected by the agency determination;
- (c) A statement of when and how the petitioner received notice of the agency 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 that the petitioner contends warrant reversal or modification of the agency's proposed action;
- (f) A statement of the specific rules or statutes that the petitioner contends require reversal or modification of the agency's proposed action, including an explanation of how the alleged facts relate to the specific rules or statutes; and
- (g) A statement of the relief sought by the petitioner, stating precisely the action that the petitioner wishes the agency to take with respect to the agency's proposed action.

The petition 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, or via electronic correspondence at [Agency\\_Clerk@dep.state.fl.us](mailto:Agency_Clerk@dep.state.fl.us). Also, a copy of the petition shall be mailed to the applicant at the address indicated above at the time of filing.

#### Time Period for Filing a Petition

In accordance with Rule 62-110.106(3), F.A.C., petitions for an administrative hearing by the applicant and persons entitled to written notice under Section 120.60(3), F.S., must be filed within **14** days of receipt of this written notice. Petitions filed by any persons other than the applicant, and other than those entitled to written notice under Section 120.60(3), F.S., must be filed within **14** days of publication of the notice or within 14 days of receipt of the written notice, whichever occurs first. You cannot justifiably rely on the finality of this decision unless notice of this decision and the right of substantially affected persons to challenge this decision has been duly published or otherwise provided to all persons substantially affected by the decision. While you are not required to publish notice of this action, you may elect to do so pursuant Rule 62-110.106(10)(a).

The failure to file a petition within the appropriate time period shall constitute a waiver of that person's right to request an administrative determination (hearing) under Sections 120.569 and 120.57, F.S., or to intervene in this proceeding and participate as a party to it. Any subsequent intervention (in a proceeding initiated by another party) will be only at the discretion of the presiding officer upon the filing of a motion in compliance with Rule 28-106.205, F.A.C. If you do not publish notice of this action, this waiver will not apply to persons who have not received written notice of this action.

#### Extension of Time

Under Rule 62-110.106(4), F.A.C., a person whose substantial interests are affected by the Department's action may also request an extension of time to file a petition for an administrative hearing. The Department may, for good cause shown, grant the request for an extension of time. Requests for extension of time must be filed with the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000, or via electronic correspondence at [Agency\\_Clerk@dep.state.fl.us](mailto:Agency_Clerk@dep.state.fl.us), before the deadline for filing a petition for an administrative hearing. 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.

#### Mediation

Mediation is not available in this proceeding.

#### Judicial Review

Once this decision becomes final, any party to this action has the right to seek judicial review pursuant to Section 120.68, F.S., by filing a Notice of Appeal pursuant to Florida Rules of Appellate Procedure 9.110 and 9.190 with the Clerk of the Department in the Office of General Counsel (Station #35, 3900 Commonwealth Boulevard, Tallahassee, Florida 32399-3000) and by filing a copy of the Notice of Appeal accompanied by the applicable filing fees with the appropriate district court of appeal. The notice must be filed within 30 days from the date this action is filed with the Clerk of the Department.

**EXECUTION AND CLERKING**

Executed in Fort Myers, Florida.  
STATE OF FLORIDA DEPARTMENT  
OF ENVIRONMENTAL PROTECTION



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Jon M. Iglehart  
Director of District Management

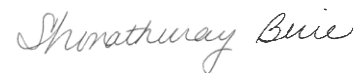
**CERTIFICATE OF SERVICE**

The undersigned duly designated deputy clerk hereby certifies that this document and all attachments were sent on the filing date below to the following listed persons:

Murray Blackman, P.E., DNM Engineering & Associates, Inc., [dnmengineering@embarqmail.com](mailto:dnmengineering@embarqmail.com)

**FILING AND ACKNOWLEDGMENT**

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

  
\_\_\_\_\_  
Clerk

October 17, 2019  
\_\_\_\_\_  
Date

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

PERMITTEE NAME: Sun Communities, Inc. ADDRESS: 27777 Franklin Rd, Ste. 200 Southfield, MI 48034  FACILITY: Buttonwood Bay Utilities WWTP LOCATION: 10001 US Highway 27 S Sebring, FL 33876  COUNTY: HIGHLANDS	PERMIT NUMBER: FLA014348 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: R-001  DESCRIPTION: R-001, including Influent  MONITORING PERIOD: From: 01/01/2023 To: 01/31/2023
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Parameter	Sample Measurement / Permit Requirement	Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon. Site: EFA-01	<b>Sample Measurement</b>				<b>3.4</b>			<b>0</b>	<b>1 Monthly</b>	<b>Grab</b>
	<b>Permit Requirement</b>				20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon. Site: EFA-01	<b>Sample Measurement</b>			<b>8.4</b>	<b>8.4</b>	<b>8.4</b>		<b>0</b>	<b>1 Monthly</b>	<b>Grab</b>
	<b>Permit Requirement</b>			60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-01	<b>Sample Measurement</b>				<b>2.0</b>			<b>0</b>	<b>1 Monthly</b>	<b>Grab</b>
	<b>Permit Requirement</b>				20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-01	<b>Sample Measurement</b>			<b>2.8</b>	<b>2.8</b>	<b>2.8</b>		<b>0</b>	<b>1 Monthly</b>	<b>Grab</b>
	<b>Permit Requirement</b>			60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Monthly)	(Grab)



Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-01	Sample Measurement					2.6			0	1 Monthly	Grab
	Permit Requirement					200.0 (Annl Avg)		#/100mL		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-01	Sample Measurement					<1.0	<1.0		0	1 Monthly	Grab
	Permit Requirement					200.0 (Mo Geomn)	800.0 (Maximum)	#/100mL		(1 Monthly)	(Grab)
pH PARM Code 00400 A Mon. Site: EFA-01	Sample Measurement				7.6		7.6		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)
Chlorine, Total Residual PARM Code 50060 A Add. Desc: For Disinfection Mon. Site: EFA-01	Sample Measurement				1.8				0	5 Days/Week	Grab
	Permit Requirement				1.0 (Minimum)			mg/L		(5 Days/Week)	(Grab)
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon. Site: EFA-01	Sample Measurement						<0.12		0	1 Monthly	Grab
	Permit Requirement						12.0 (Maximum)	mg/L		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow PARM Code 50050 Y Mon. Site: FLW-01	Sample Measurement		0.044						0	5 Days/Week	Meter
	Permit Requirement		0.098 (Annl Avg)	MGD						(5 Days/Week)	(Meter)
Flow PARM Code 50050 1 Mon. Site: FLW-01	Sample Measurement	0.055	0.049						0	5 Days/Week	Meter
	Permit Requirement	Report (Mo Avg)	Report (3MonAvg)	MGD						(5 Days/Week)	(Meter)
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Add. Desc: Influent Mon. Site: INF-01	Sample Measurement					320			0	1 Monthly	Grab
	Permit Requirement					Report (Maximum)	mg/L			(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 G Add. Desc: Influent Mon. Site: INF-01	Sample Measurement					268			0	1 Monthly	Grab
	Permit Requirement					Report (Maximum)	mg/L			(1 Monthly)	(Grab)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Colleen Pedone	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed			TELEPHONE  (727) 848-8292	SUBMITTED ON  02/28/2023

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

PERMITTEE NAME: Sun Communities, Inc. ADDRESS: 27777 Franklin Rd, Ste. 200 Southfield, MI 48034  FACILITY: Buttonwood Bay Utilities WWTP LOCATION: 10001 US Highway 27 S Sebring, FL 33876  COUNTY: HIGHLANDS	PERMIT NUMBER: FLA014348 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q  DESCRIPTION: Biosolids Quantity  MONITORING PERIOD: From: 01/01/2023 To: 01/31/2023
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Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type	
Biosolids Quantity (Transferred)	<b>0.0</b>				<b>0</b>	<b>1 Monthly</b>	<b>Calculated</b>	
PARM Code B0007 + Mon. Site: RMP-1	<b>Report (Mo Total)</b>	<b>dry tons</b>				<b>(1 Monthly)</b>	<b>(Calculated)</b>	
Biosolids Quantity (Landfilled)	<b>0.0</b>				<b>0</b>	<b>1 Monthly</b>	<b>Calculated</b>	
PARM Code B0008 + Mon. Site: RMP-2	<b>Report (Mo Total)</b>	<b>dry tons</b>				<b>(1 Monthly)</b>	<b>(Calculated)</b>	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Colleen Pedone	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed		TELEPHONE  (727) 848-8292	SUBMITTED ON  02/28/2023

## DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014348-014  
 Monitoring Period From: 1/01/2023 To: 1/31/2023

Facility: Buttonwood Bay Utilities WWTP

	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual (For Disinfection) 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	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	FLW-01	INF-01	INF-01		
1							0.055				
2		3.0				7.6	0.066				
3		2.7				7.6	0.067				
4		2.1				7.6	0.053				
5		2.5				7.6	0.032				
6		3.1				7.6	0.021				
7		3.5				7.6	0.028				
8							0.028				
9		3.7				7.6	0.081				
10		3.0				7.6	0.058				
11		3.5				7.6	0.047				
12	8.4	3.1	<1.0	<0.12	2.8	7.6	0.078	320	268		
13		2.5				7.6	0.040				
14		2.7				7.6	0.051				
15							0.051				
16		3.4				7.6	0.083				
17		3.0				7.6	0.070				
18		2.1				7.6	0.030				
19		2.5				7.6	0.056				
20		2.4				7.6	0.066				
21		1.8				7.6	0.064				
22							0.064				
23		2.5				7.6	0.068				
24		2.7				7.6	0.062				
25		2.6				7.6	0.046				
26		2.8				7.6	0.077				
27		3.4				7.6	0.059				
28		3.7				7.6	0.049				
29							0.049				
30		3.0				7.6	0.046				
31		2.8				7.6	0.066				
Total							<b>1.711</b>				
Mo. Avg.	<b>8.4</b>		<b>&lt;1.0</b>	<b>&lt;0.12</b>	<b>2.8</b>		<b>0.055</b>	<b>320</b>	<b>268</b>		

**PLANT STAFFING:**

Day Shift Operator      Class:   C        Certificate No:   22164        Name:   Dustin Williams  

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**

PERMITTEE NAME: Sun Communities, Inc. ADDRESS: 27777 Franklin Rd, Ste. 200 Southfield, MI 48034  FACILITY: Buttonwood Bay Utilities WWTP LOCATION: 10001 US Highway 27 S Sebring, FL 33876  COUNTY: HIGHLANDS	PERMIT NUMBER: FLA014348 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: R-001  DESCRIPTION: R-001, including Influent  MONITORING PERIOD: From: 02/01/2023 To: 02/28/2023
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Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon. Site: EFA-01	<b>Sample Measurement</b>		4.1		0	1 Monthly	Grab
	<b>Permit Requirement</b>		20.0 (Annl Avg)	mg/L		(1 Monthly)	(Grab)
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon. Site: EFA-01	<b>Sample Measurement</b>		9.8	9.8	9.8	0	1 Monthly
	<b>Permit Requirement</b>		60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L	(1 Monthly)
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-01	<b>Sample Measurement</b>		1.6		0	1 Monthly	Grab
	<b>Permit Requirement</b>		20.0 (Annl Avg)	mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-01	<b>Sample Measurement</b>		<1.0	<1.0	<1.0	0	1 Monthly
	<b>Permit Requirement</b>		60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L	(1 Monthly)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-01	Sample Measurement					2.6			0	1 Monthly	Grab
	Permit Requirement					200.0 (Annl Avg)		#/100mL		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-01	Sample Measurement					<1.0	<1.0		0	1 Monthly	Grab
	Permit Requirement					200.0 (Mo Geomn)	800.0 (Maximum)	#/100mL		(1 Monthly)	(Grab)
pH PARM Code 00400 A Mon. Site: EFA-01	Sample Measurement				7.5		7.6		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)
Chlorine, Total Residual PARM Code 50060 A Add. Desc: For Disinfection Mon. Site: EFA-01	Sample Measurement				2.5				0	5 Days/Week	Grab
	Permit Requirement				1.0 (Minimum)			mg/L		(5 Days/Week)	(Grab)
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon. Site: EFA-01	Sample Measurement						0.16		0	1 Monthly	Grab
	Permit Requirement						12.0 (Maximum)	mg/L		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow PARM Code 50050 Y Mon. Site: FLW-01	Sample Measurement		0.045						0	5 Days/Week	Meter
	Permit Requirement		0.098 (Annl Avg)	MGD						(5 Days/Week)	(Meter)
Flow PARM Code 50050 1 Mon. Site: FLW-01	Sample Measurement	0.055	0.053						0	5 Days/Week	Meter
	Permit Requirement	Report (Mo Avg)	Report (3MonAvg)	MGD						(5 Days/Week)	(Meter)
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Add. Desc: Influent Mon. Site: INF-01	Sample Measurement					305			0	1 Monthly	Grab
	Permit Requirement					Report (Maximum)	mg/L			(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 G Add. Desc: Influent Mon. Site: INF-01	Sample Measurement					200			0	1 Monthly	Grab
	Permit Requirement					Report (Maximum)	mg/L			(1 Monthly)	(Grab)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Colleen Pedone	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed		TELEPHONE  (727) 848-8292	SUBMITTED ON  03/14/2023	

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

PERMITTEE NAME: Sun Communities, Inc. ADDRESS: 27777 Franklin Rd, Ste. 200 Southfield, MI 48034  FACILITY: Buttonwood Bay Utilities WWTP LOCATION: 10001 US Highway 27 S Sebring, FL 33876  COUNTY: HIGHLANDS	PERMIT NUMBER: FLA014348 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q  DESCRIPTION: Biosolids Quantity  MONITORING PERIOD: From: 02/01/2023 To: 02/28/2023
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Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred)	<b>0.0</b>				<b>0</b>	<b>1 Monthly</b>	<b>Calculated</b>
PARM Code B0007 + Mon. Site: RMP-1	<b>Report (Mo Total)</b>	<b>dry tons</b>				<b>(1 Monthly)</b>	<b>(Calculated)</b>
Biosolids Quantity (Landfilled)	<b>0.0</b>				<b>0</b>	<b>1 Monthly</b>	<b>Calculated</b>
PARM Code B0008 + Mon. Site: RMP-2	<b>Report (Mo Total)</b>	<b>dry tons</b>				<b>(1 Monthly)</b>	<b>(Calculated)</b>
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Colleen Pedone	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed		TELEPHONE  (727) 848-8292	SUBMITTED ON  03/14/2023



## DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014348-014  
 Monitoring Period From: 2/01/2023 To: 2/28/2023

Facility: Buttonwood Bay Utilities WWTP

	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual (For Disinfection) 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	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	FLW-01	INF-01	INF-01		
1		2.4				7.6	0.039				
2		2.5				7.6	0.083				
3		2.6				7.5	0.061				
4		2.9				7.5	0.051				
5							0.051				
6		2.5				7.5	0.051				
7		2.7				7.5	0.062				
8		3.4				7.5	0.036				
9	9.8	3.8	<1.0	0.16	<1.0	7.6	0.060	305	200		
10		2.4				7.5	0.056				
11		3.7				7.5	0.054				
12							0.054				
13		3.0				7.5	0.033				
14		2.7				7.5	0.084				
15		2.5				7.5	0.037				
16		3.1				7.5	0.068				
17		2.7				7.5	0.048				
18		2.4				7.5	0.052				
19							0.052				
20		2.7				7.5	0.062				
21		3.1				7.5	0.076				
22		2.8				7.5	0.035				
23		2.6				7.5	0.034				
24		2.9				7.5	0.044				
25		3.0				7.5	0.072				
26							0.072				
27		3.3				7.5	0.058				
28		2.3				7.5	0.055				
29											
30											
31											
Total							<b>1.540</b>				
Mo. Avg.	<b>9.8</b>		<b>&lt;1.0</b>	<b>0.16</b>	<b>&lt;1.0</b>		<b>0.055</b>	<b>305</b>	<b>200</b>		

**PLANT STAFFING:**

Day Shift Operator      Class:   C        Certificate No:   22164        Name:   Dustin Williams  

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**

PERMITTEE NAME: Sun Communities, Inc.	PERMIT NUMBER: FLA014348
ADDRESS: 27777 Franklin Rd, Ste. 200 Southfield, MI 48034	LIMIT: FINAL REPORT: Monthly
FACILITY: Buttonwood Bay Utilities WWTP	FACILITY TYPE: DW GROUP: Domestic
LOCATION: 10001 US Highway 27 S Sebring, FL 33876	MONITORING GROUP: R-001
COUNTY: HIGHLANDS	DESCRIPTION: R-001, including Influent
	MONITORING PERIOD: From: 03/01/2023 To: 03/31/2023

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	<b>Sample Measurement</b>					4.2			0	1 Monthly	Grab
PARM Code 80082 Y Mon. Site: EFA-01	<b>Permit Requirement</b>					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
BOD, Carbonaceous 5 day, 20C	<b>Sample Measurement</b>				4.3	4.3	4.3		0	1 Monthly	Grab
PARM Code 80082 A Mon. Site: EFA-01	<b>Permit Requirement</b>				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended	<b>Sample Measurement</b>					1.4			0	1 Monthly	Grab
PARM Code 00530 Y Mon. Site: EFA-01	<b>Permit Requirement</b>					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended	<b>Sample Measurement</b>				1.2	1.2	1.2		0	1 Monthly	Grab
PARM Code 00530 A Mon. Site: EFA-01	<b>Permit Requirement</b>				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-01	Sample Measurement					2.6			0	1 Monthly	Grab
	Permit Requirement					200.0 (Annl Avg)		#/100mL		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-01	Sample Measurement					<1.0	<1.0		0	1 Monthly	Grab
	Permit Requirement					200.0 (Mo Geomn)	800.0 (Maximum)	#/100mL		(1 Monthly)	(Grab)
pH PARM Code 00400 A Mon. Site: EFA-01	Sample Measurement				7.0		7.5		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)
Chlorine, Total Residual PARM Code 50060 A Add. Desc: For Disinfection Mon. Site: EFA-01	Sample Measurement				2.0				0	5 Days/Week	Grab
	Permit Requirement				1.0 (Minimum)			mg/L		(5 Days/Week)	(Grab)
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon. Site: EFA-01	Sample Measurement						0.96		0	1 Monthly	Grab
	Permit Requirement						12.0 (Maximum)	mg/L		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow PARM Code 50050 Y Mon. Site: FLW-01	Sample Measurement		0.044						0	5 Days/Week	Meter
	Permit Requirement		0.098 (Annl Avg)	MGD						(5 Days/Week)	(Meter)
Flow PARM Code 50050 1 Mon. Site: FLW-01	Sample Measurement	0.053	0.054						0	5 Days/Week	Meter
	Permit Requirement	Report (Mo Avg)	Report (3MonAvg)	MGD						(5 Days/Week)	(Meter)
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Add. Desc: Influent Mon. Site: INF-01	Sample Measurement					276			0	1 Monthly	Grab
	Permit Requirement					Report (Maximum)	mg/L			(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 G Add. Desc: Influent Mon. Site: INF-01	Sample Measurement					272			0	1 Monthly	Grab
	Permit Requirement					Report (Maximum)	mg/L			(1 Monthly)	(Grab)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Colleen Pedone	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed			TELEPHONE  (727) 848-8292	SUBMITTED ON  04/18/2023

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

PERMITTEE NAME: Sun Communities, Inc.	PERMIT NUMBER: FLA014348
ADDRESS: 27777 Franklin Rd, Ste. 200 Southfield, MI 48034	LIMIT: FINAL REPORT: Monthly
FACILITY: Buttonwood Bay Utilities WWTP	FACILITY TYPE: DW GROUP: Domestic
LOCATION: 10001 US Highway 27 S Sebring, FL 33876	MONITORING GROUP: RMP-Q
COUNTY: HIGHLANDS	DESCRIPTION: Biosolids Quantity
	MONITORING PERIOD: From: 03/01/2023 To: 03/31/2023

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred)	<b>Sample Measurement</b>	1.25				0	1 Monthly	Calculated
PARM Code B0007 + Mon. Site: RMP-1	<b>Permit Requirement</b>	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)
Biosolids Quantity (Landfilled)	<b>Sample Measurement</b>	0.0				0	1 Monthly	Calculated
PARM Code B0008 + Mon. Site: RMP-2	<b>Permit Requirement</b>	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Colleen Pedone	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed		TELEPHONE  (727) 848-8292	SUBMITTED ON  04/18/2023

## DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014348-014  
 Monitoring Period From: 3/01/2023 To: 3/31/2023

Facility: Buttonwood Bay Utilities WWTP

Code	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual (For Disinfection) 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		
Mon. Site	80082 EFA-01	50060 EFA-01	74055 EFA-01	00620 EFA-01	00530 EFA-01	00400 EFA-01	50050 FLW-01	80082 INF-01	00530 INF-01		
1		2.4				7.3	0.058				
2		3.1				7.5	0.066				
3		3.1				7.5	0.036				
4		3.0				7.5	0.063				
5							0.034				
6		3.5				7.5	0.060				
7		2.7				7.5	0.057				
8		2.9				7.5	0.047				
9	4.3	3.1	<1.0	0.96	1.2	7.5	0.080	276	272		
10		2.6				7.5	0.048				
11		2.8				7.5	0.041				
12							0.041				
13		3.4				7.5	0.057				
14		3.0				7.5	0.029				
15		3.1				7.5	0.064				
16		2.4				7.5	0.067				
17		3.7				7.5	0.043				
18		3.0				7.5	0.060				
19							0.060				
20		2.5				7.5	0.041				
21		2.4				7.5	0.060				
22		2.9				7.5	0.054				
23		2.0				7.5	0.053				
24		2.1				7.5	0.047				
25		3.3				7.5	0.054				
26							0.054				
27		2.7				7.5	0.062				
28		2.8				7.5	0.061				
29		2.4				7.0	0.052				
30		3.1				7.0	0.054				
31		2.8				7.0	0.029				
Total							<b>1.632</b>				
Mo. Avg.	<b>4.3</b>		<b>&lt;1.0</b>	<b>0.96</b>	<b>1.2</b>		<b>0.053</b>	<b>276</b>	<b>272</b>		

**PLANT STAFFING:**

Day Shift Operator      Class:   C        Certificate No:   22164        Name:   C. Berish  

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**

PERMITTEE NAME: Sun Communities, Inc.	PERMIT NUMBER: FLA014348
ADDRESS: 27777 Franklin Rd, Ste. 200 Southfield, MI 48034	LIMIT: FINAL REPORT: Monthly
FACILITY: Buttonwood Bay Utilities WWTP	FACILITY TYPE: DW GROUP: Domestic
LOCATION: 10001 US Highway 27 S Sebring, FL 33876	MONITORING GROUP: R-001
COUNTY: HIGHLANDS	DESCRIPTION: R-001, including Influent
	MONITORING PERIOD: From: 04/01/2023 To: 04/30/2023

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement					4.9			0	1 Monthly	Grab
PARM Code 80082 Y Mon. Site: EFA-01	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
BOD, Carbonaceous 5 day, 20C	Sample Measurement				13	13	13		0	1 Monthly	Grab
PARM Code 80082 A Mon. Site: EFA-01	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended	Sample Measurement					1.4			0	1 Monthly	Grab
PARM Code 00530 Y Mon. Site: EFA-01	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended	Sample Measurement				<1.0	<1.0	<1.0		0	1 Monthly	Grab
PARM Code 00530 A Mon. Site: EFA-01	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-01	Sample Measurement					2.6			0	1 Monthly	Grab
	Permit Requirement					200.0 (Annl Avg)		#/100mL		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-01	Sample Measurement					<1.0	<1.0		0	1 Monthly	Grab
	Permit Requirement					200.0 (Mo Geomn)	800.0 (Maximum)	#/100mL		(1 Monthly)	(Grab)
pH PARM Code 00400 A Mon. Site: EFA-01	Sample Measurement				7.5		7.5		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)
Chlorine, Total Residual PARM Code 50060 A Add. Desc: For Disinfection Mon. Site: EFA-01	Sample Measurement				2.0				0	5 Days/Week	Grab
	Permit Requirement				1.0 (Minimum)			mg/L		(5 Days/Week)	(Grab)
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon. Site: EFA-01	Sample Measurement						0.62		0	1 Monthly	Grab
	Permit Requirement						12.0 (Maximum)	mg/L		(1 Monthly)	(Grab)



Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow PARM Code 50050 Y Mon. Site: FLW-01	Sample Measurement		0.043						0	5 Days/Week	Meter
	Permit Requirement		0.098 (Annl Avg)	MGD						(5 Days/Week)	(Meter)
Flow PARM Code 50050 1 Mon. Site: FLW-01	Sample Measurement	0.040	0.0493						0	5 Days/Week	Meter
	Permit Requirement	Report (Mo Avg)	Report (3MonAvg)	MGD						(5 Days/Week)	(Meter)
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Add. Desc: Influent Mon. Site: INF-01	Sample Measurement					292			0	1 Monthly	Grab
	Permit Requirement					Report (Maximum)	mg/L			(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 G Add. Desc: Influent Mon. Site: INF-01	Sample Measurement					234			0	1 Monthly	Grab
	Permit Requirement					Report (Maximum)	mg/L			(1 Monthly)	(Grab)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Colleen Pedone	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed		TELEPHONE  (727) 848-8292	SUBMITTED ON  05/10/2023	

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

PERMITTEE NAME: Sun Communities, Inc.	PERMIT NUMBER: FLA014348
ADDRESS: 27777 Franklin Rd, Ste. 200 Southfield, MI 48034	LIMIT: FINAL REPORT: Monthly
FACILITY: Buttonwood Bay Utilities WWTP	FACILITY TYPE: DW GROUP: Domestic
LOCATION: 10001 US Highway 27 S Sebring, FL 33876	MONITORING GROUP: RMP-Q
COUNTY: HIGHLANDS	DESCRIPTION: Biosolids Quantity
	MONITORING PERIOD: From: 04/01/2023 To: 04/30/2023

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred)	<b>Sample Measurement</b>	<b>0.0</b>				<b>0</b>	<b>1 Monthly</b>	<b>Calculated</b>
PARM Code B0007 + Mon. Site: RMP-1	<b>Permit Requirement</b>	<b>Report (Mo Total)</b>	<b>dry tons</b>				<b>(1 Monthly)</b>	<b>(Calculated)</b>
Biosolids Quantity (Landfilled)	<b>Sample Measurement</b>	<b>0.0</b>				<b>0</b>	<b>1 Monthly</b>	<b>Calculated</b>
PARM Code B0008 + Mon. Site: RMP-2	<b>Permit Requirement</b>	<b>Report (Mo Total)</b>	<b>dry tons</b>				<b>(1 Monthly)</b>	<b>(Calculated)</b>
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Colleen Pedone	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed		TELEPHONE  (727) 848-8292	SUBMITTED ON  05/10/2023

## DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014348-014  
 Monitoring Period From: 4/01/2023 To: 4/30/2023

Facility: Buttonwood Bay Utilities WWTP

Code	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual (For Disinfection) 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		
Mon. Site	80082 EFA-01	50060 EFA-01	74055 EFA-01	00620 EFA-01	00530 EFA-01	00400 EFA-01	50050 FLW-01	80082 INF-01	00530 INF-01		
1		2.8				7.5	0.051				
2							0.051				
3		3.7				7.5	0.048				
4		3.1				7.5	0.035				
5		3.2				7.5	0.044				
6	13	3.7	<1.0	0.62	<1.0	7.5	0.059	292	234		
7		3.0				7.5	0.051				
8		3.5				7.5	0.052				
9							0.052				
10		2.6				7.5	0.038				
11		2.4				7.5	0.039				
12		2.2				7.5	0.042				
13		2.5				7.5	0.056				
14		2.7				7.5	0.036				
15		2.1				7.5	0.047				
16							0.047				
17		2.7				7.5	0.040				
18		2.5				7.5	0.028				
19		2.7				7.5	0.043				
20		2.0				7.5	0.031				
21		3.1				7.5	0.017				
22		2.8				7.5	0.031				
23							0.031				
24		2.6				7.5	0.030				
25		2.2				7.5	0.032				
26		2.8				7.5	0.032				
27		3.0				7.5	0.030				
28		2.6				7.5	0.023				
29		2.7				7.5	0.040				
30							0.040				
31											
Total							<b>1.196</b>				
Mo. Avg.	<b>13</b>		<1.0	0.62	<1.0		<b>0.040</b>	292	234		

**PLANT STAFFING:**

Day Shift Operator      Class:   C        Certificate No:   22164        Name:   C. Berish  

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**

PERMITTEE NAME: Sun Communities, Inc.	PERMIT NUMBER: FLA014348
ADDRESS: 27777 Franklin Rd, Ste. 200 Southfield, MI 48034	LIMIT: FINAL REPORT: Monthly
FACILITY: Buttonwood Bay Utilities WWTP	FACILITY TYPE: DW GROUP: Domestic
LOCATION: 10001 US Highway 27 S Sebring, FL 33876	MONITORING GROUP: R-001
COUNTY: HIGHLANDS	DESCRIPTION: R-001, including Influent
	MONITORING PERIOD: From: 05/01/2023 To: 05/31/2023

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement					5.5			0	1 Monthly	Grab
PARM Code 80082 Y Mon. Site: EFA-01	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
BOD, Carbonaceous 5 day, 20C	Sample Measurement				7.7	7.7	7.7		0	1 Monthly	Grab
PARM Code 80082 A Mon. Site: EFA-01	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended	Sample Measurement					1.6			0	1 Monthly	Grab
PARM Code 00530 Y Mon. Site: EFA-01	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended	Sample Measurement				3.0	3.0	3.0		0	1 Monthly	Grab
PARM Code 00530 A Mon. Site: EFA-01	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-01	Sample Measurement					1.8			0	1 Monthly	Grab
	Permit Requirement					200.0 (Annl Avg)		#/100mL		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-01	Sample Measurement					<1.0	<1.0		0	1 Monthly	Grab
	Permit Requirement					200.0 (Mo Geomn)	800.0 (Maximum)	#/100mL		(1 Monthly)	(Grab)
pH PARM Code 00400 A Mon. Site: EFA-01	Sample Measurement				7.5		7.9		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)
Chlorine, Total Residual PARM Code 50060 A Add. Desc: For Disinfection Mon. Site: EFA-01	Sample Measurement				2.1				0	5 Days/Week	Grab
	Permit Requirement				1.0 (Minimum)			mg/L		(5 Days/Week)	(Grab)
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon. Site: EFA-01	Sample Measurement						<0.12		0	1 Monthly	Grab
	Permit Requirement						12.0 (Maximum)	mg/L		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow PARM Code 50050 Y Mon. Site: FLW-01	Sample Measurement		0.042						0	5 Days/Week	Meter
	Permit Requirement		0.098 (Annl Avg)	MGD						(5 Days/Week)	(Meter)
Flow PARM Code 50050 1 Mon. Site: FLW-01	Sample Measurement	0.026	0.040						0	5 Days/Week	Meter
	Permit Requirement	Report (Mo Avg)	Report (3MonAvg)	MGD						(5 Days/Week)	(Meter)
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Add. Desc: Influent Mon. Site: INF-01	Sample Measurement					197			0	1 Monthly	Grab
	Permit Requirement					Report (Maximum)	mg/L			(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 G Add. Desc: Influent Mon. Site: INF-01	Sample Measurement					164			0	1 Monthly	Grab
	Permit Requirement					Report (Maximum)	mg/L			(1 Monthly)	(Grab)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Colleen Pedone	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed		TELEPHONE  (727) 848-8292	SUBMITTED ON  06/13/2023	

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

PERMITTEE NAME: Sun Communities, Inc.	PERMIT NUMBER: FLA014348
ADDRESS: 27777 Franklin Rd, Ste. 200 Southfield, MI 48034	LIMIT: FINAL REPORT: Monthly
FACILITY: Buttonwood Bay Utilities WWTP	FACILITY TYPE: DW GROUP: Domestic
LOCATION: 10001 US Highway 27 S Sebring, FL 33876	MONITORING GROUP: RMP-Q
COUNTY: HIGHLANDS	DESCRIPTION: Biosolids Quantity
	MONITORING PERIOD: From: 05/01/2023 To: 05/31/2023

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred)	<b>Sample Measurement</b>	<b>0.0</b>				<b>0</b>	<b>1 Monthly</b>	<b>Calculated</b>
PARM Code B0007 + Mon. Site: RMP-1	<b>Permit Requirement</b>	<b>Report (Mo Total)</b>	<b>dry tons</b>				<b>(1 Monthly)</b>	<b>(Calculated)</b>
Biosolids Quantity (Landfilled)	<b>Sample Measurement</b>	<b>0.0</b>				<b>0</b>	<b>1 Monthly</b>	<b>Calculated</b>
PARM Code B0008 + Mon. Site: RMP-2	<b>Permit Requirement</b>	<b>Report (Mo Total)</b>	<b>dry tons</b>				<b>(1 Monthly)</b>	<b>(Calculated)</b>
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Colleen Pedone	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed		TELEPHONE  (727) 848-8292	SUBMITTED ON  06/13/2023

## DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014348-014  
 Monitoring Period From: 5/01/2023 To: 5/31/2023

Facility: Buttonwood Bay Utilities WWTP

	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual (For Disinfection) 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	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	FLW-01	INF-01	INF-01		
1		3.1				7.5	0.031				
2		2.7				7.5	0.032				
3		2.4				7.5	0.016				
4		2.8				7.5	0.024				
5		2.6				7.5	0.028				
6		2.3				7.5	0.022				
7							0.022				
8		2.8				7.5	0.042				
9		2.5				7.5	0.029				
10		2.7				7.5	0.031				
11	7.7	2.5	<1.0	<0.12	3.0	7.5	0.044	197	164		
12		2.5				7.5	0.030				
13		2.7				7.5	0.012				
14							0.012				
15		2.5				7.5	0.037				
16		2.8				7.5	0.026				
17		2.5				7.5	0.023				
18		2.7				7.5	0.024				
19		2.7				7.5	0.013				
20		2.1				7.5	0.031				
21							0.031				
22		2.7				7.5	0.014				
23		2.7				7.5	0.053				
24		2.7				7.5	0.010				
25		2.7				7.5	0.018				
26		2.7				7.5	0.023				
27		2.9				7.5	0.022				
28							0.022				
29		2.9				7.9	0.023				
30		3.1				7.8	0.032				
31		3.0				7.9	0.026				
Total							<b>0.803</b>				
Mo. Avg.	7.7		<1.0	<0.12	3.0		<b>0.026</b>	197	164		

**PLANT STAFFING:**

Day Shift Operator      Class:   C        Certificate No:   22164        Name:   C. Berish  

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**

PERMITTEE NAME: Sun Communities, Inc.	PERMIT NUMBER: FLA014348
ADDRESS: 27777 Franklin Rd, Ste. 200 Southfield, MI 48034	LIMIT: FINAL REPORT: Monthly
FACILITY: Buttonwood Bay Utilities WWTP	FACILITY TYPE: DW GROUP: Domestic
LOCATION: 10001 US Highway 27 S Sebring, FL 33876	MONITORING GROUP: R-001
COUNTY: HIGHLANDS	DESCRIPTION: R-001, including Influent
	MONITORING PERIOD: From: 06/01/2023 To: 06/30/2023

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement					7.1			0	1 Monthly	Grab
PARM Code 80082 Y Mon. Site: EFA-01	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
BOD, Carbonaceous 5 day, 20C	Sample Measurement				22	22	22		0	1 Monthly	Grab
PARM Code 80082 A Mon. Site: EFA-01	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended	Sample Measurement					2.1			0	1 Monthly	Grab
PARM Code 00530 Y Mon. Site: EFA-01	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended	Sample Measurement				9.2	9.2	9.2		0	1 Monthly	Grab
PARM Code 00530 A Mon. Site: EFA-01	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-01	Sample Measurement					1.8			0	1 Monthly	Grab
	Permit Requirement					200.0 (Annl Avg)		#/100mL		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-01	Sample Measurement					<1.0	<1.0		0	1 Monthly	Grab
	Permit Requirement					200.0 (Mo Geomn)	800.0 (Maximum)	#/100mL		(1 Monthly)	(Grab)
pH PARM Code 00400 A Mon. Site: EFA-01	Sample Measurement				7.7		8.0		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)
Chlorine, Total Residual PARM Code 50060 A Add. Desc: For Disinfection Mon. Site: EFA-01	Sample Measurement				1.6				0	5 Days/Week	Grab
	Permit Requirement				1.0 (Minimum)			mg/L		(5 Days/Week)	(Grab)
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon. Site: EFA-01	Sample Measurement						17		1	1 Monthly	Grab
	Permit Requirement						12.0 (Maximum)	mg/L		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow PARM Code 50050 Y Mon. Site: FLW-01	Sample Measurement		0.040						0	5 Days/Week	Meter
	Permit Requirement		0.098 (Annl Avg)	MGD						(5 Days/Week)	(Meter)
Flow PARM Code 50050 1 Mon. Site: FLW-01	Sample Measurement	0.023	0.030						0	5 Days/Week	Meter
	Permit Requirement	Report (Mo Avg)	Report (3MonAvg)	MGD						(5 Days/Week)	(Meter)
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Add. Desc: Influent Mon. Site: INF-01	Sample Measurement					245			0	1 Monthly	Grab
	Permit Requirement					Report (Maximum)	mg/L			(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 G Add. Desc: Influent Mon. Site: INF-01	Sample Measurement					152			0	1 Monthly	Grab
	Permit Requirement					Report (Maximum)	mg/L			(1 Monthly)	(Grab)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Colleen Pedone	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed		TELEPHONE  (727) 848-8292	SUBMITTED ON  07/20/2023	

Parameter	Monitoring Site	Comments for Monitoring Group - R-001
00620 A	EFA-01	The elevated Nitrate levels are believed to have been attributed to aeration levels at the wastewater site. The operator continues to use field nitrate test kits to perform process control testing and made adjustments where necessary, in an attempt to maintain the effluent parameters with permitted limits. Upon notification from the laboratory of the elevated result, adjustments were made and the resample yielded a result of <0.12 mg/L. We will continue to monitor and report as required.

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

PERMITTEE NAME: Sun Communities, Inc.	PERMIT NUMBER: FLA014348
ADDRESS: 27777 Franklin Rd, Ste. 200 Southfield, MI 48034	LIMIT: FINAL REPORT: Monthly
FACILITY: Buttonwood Bay Utilities WWTP	FACILITY TYPE: DW GROUP: Domestic
LOCATION: 10001 US Highway 27 S Sebring, FL 33876	MONITORING GROUP: RMP-Q
COUNTY: HIGHLANDS	DESCRIPTION: Biosolids Quantity
	MONITORING PERIOD: From: 06/01/2023 To: 06/30/2023

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred)	<b>Sample Measurement</b>	<b>0.0</b>				<b>0</b>	<b>1 Monthly</b>	<b>Calculated</b>
PARM Code B0007 + Mon. Site: RMP-1	<b>Permit Requirement</b>	<b>Report (Mo Total)</b>	<b>dry tons</b>				<b>(1 Monthly)</b>	<b>(Calculated)</b>
Biosolids Quantity (Landfilled)	<b>Sample Measurement</b>	<b>0.0</b>				<b>0</b>	<b>1 Monthly</b>	<b>Calculated</b>
PARM Code B0008 + Mon. Site: RMP-2	<b>Permit Requirement</b>	<b>Report (Mo Total)</b>	<b>dry tons</b>				<b>(1 Monthly)</b>	<b>(Calculated)</b>
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Colleen Pedone	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed		TELEPHONE  (727) 848-8292	SUBMITTED ON  07/20/2023

## DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014348-014  
 Monitoring Period From: 6/01/2023 To: 6/30/2023

Facility: Buttonwood Bay Utilities WWTP

	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual (For Disinfection) 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	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	FLW-01	INF-01	INF-01		
1		2.6				7.9	0.026				
2		2.6				7.9	0.020				
3		2.6				7.9	0.030				
4							0.030				
5		2.6				7.9	0.020				
6		2.6				7.9	0.020				
7		2.6				7.9	0.032				
8		2.4				7.8	0.011				
9		2.0				7.9	0.046				
10		2.0				7.9	0.014				
11							0.023				
12	22	2.0	<1.0	17	9.2	7.9	0.038	245	152		
13		2.6				7.8	0.005				
14		2.6				7.9	0.020				
15		2.6				7.9	0.021				
16		2.0				7.9	0.040				
17		2.0				7.9	0.025				
18							0.023				
19		1.8				8.0	0.023				
20		1.9				7.9	0.021				
21		1.9				8.0	0.027				
22		1.8				7.7	0.015				
23		1.9				7.9	0.026				
24		2.0				7.9	0.018				
25							0.023				
26		1.9				8.0	0.024				
27		1.9				7.9	0.023				
28		1.6				8.0	0.026				
29		1.7				8.0	0.010				
30		1.9		<0.12		8.0	0.011				
31											
Total				17.06			<b>0.691</b>				
Mo. Avg.	22		<1.0	8.53	9.2		<b>0.023</b>	245	152		

**PLANT STAFFING:**

Day Shift Operator      Class:   C        Certificate No:   22164        Name:   C. Berish  

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**

PERMITTEE NAME: Pelican Bay Communities LLC c/o Sun Communities, Inc. ADDRESS: 27777 Franklin Rd, Ste. 200 Southfield, MI 48034  FACILITY: Buttonwood Bay Utilities WWTP LOCATION: 10001 US Highway 27 S Sebring, FL 33876  COUNTY: HIGHLANDS	PERMIT NUMBER: FLA014348 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: R-001  DESCRIPTION: R-001, including Influent  MONITORING PERIOD: From: 07/01/2022 To: 07/31/2022
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Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon. Site: EFA-01	<b>Sample Measurement</b>		2.4		0	1 Monthly	Grab
	<b>Permit Requirement</b>		20.0 (Annl Avg)	mg/L		(1 Monthly)	(Grab)
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon. Site: EFA-01	<b>Sample Measurement</b>		<2.0		0	1 Monthly	Grab
	<b>Permit Requirement</b>		60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L	(1 Monthly) (Grab)
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-01	<b>Sample Measurement</b>		2.3		0	1 Monthly	Grab
	<b>Permit Requirement</b>		20.0 (Annl Avg)	mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-01	<b>Sample Measurement</b>		1.2		0	1 Monthly	Grab
	<b>Permit Requirement</b>		60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L	(1 Monthly) (Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-01	Sample Measurement					14.5			0	1 Monthly	Grab
	Permit Requirement					200.0 (Annl Avg)		#/100mL		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-01	Sample Measurement					<1	<1		0	1 Monthly	Grab
	Permit Requirement					200.0 (Mo Geomn)	800.0 (Maximum)	#/100mL		(1 Monthly)	(Grab)
pH PARM Code 00400 A Mon. Site: EFA-01	Sample Measurement				7.5		7.7		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)
Chlorine, Total Residual PARM Code 50060 A Add. Desc: For Disinfection Mon. Site: EFA-01	Sample Measurement				1.0				0	5 Days/Week	Grab
	Permit Requirement				1.0 (Minimum)			mg/L		(5 Days/Week)	(Grab)
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon. Site: EFA-01	Sample Measurement						0.88		0	1 Monthly	Grab
	Permit Requirement						12.0 (Maximum)	mg/L		(1 Monthly)	(Grab)



Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow PARM Code 50050 Y Mon. Site: FLW-01	Sample Measurement		0.043						0	5 Days/Week	Meter
	Permit Requirement		0.098 (Annl Avg)	MGD						(5 Days/Week)	(Meter)
Flow PARM Code 50050 1 Mon. Site: FLW-01	Sample Measurement	0.036	0.036						0	5 Days/Week	Meter
	Permit Requirement	Report (Mo Avg)	Report (3MonAvg)	MGD						(5 Days/Week)	(Meter)
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Add. Desc: Influent Mon. Site: INF-01	Sample Measurement					47			0	1 Monthly	Grab
	Permit Requirement					Report (Maximum)	mg/L			(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 G Add. Desc: Influent Mon. Site: INF-01	Sample Measurement					<2.0			0	1 Monthly	Grab
	Permit Requirement					Report (Maximum)	mg/L			(1 Monthly)	(Grab)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Colleen Pedone	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed			TELEPHONE  (727) 848-8292	SUBMITTED ON  08/11/2022

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

PERMITTEE NAME: Pelican Bay Communities LLC c/o Sun Communities, Inc. ADDRESS: 27777 Franklin Rd, Ste. 200 Southfield, MI 48034  FACILITY: Buttonwood Bay Utilities WWTP LOCATION: 10001 US Highway 27 S Sebring, FL 33876  COUNTY: HIGHLANDS	PERMIT NUMBER: FLA014348 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q  DESCRIPTION: Biosolids Quantity  MONITORING PERIOD: From: 07/01/2022 To: 07/31/2022
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Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred)	<b>0.0</b>				<b>0</b>	<b>1 Monthly</b>	<b>Calculated</b>
PARM Code B0007 + Mon. Site: RMP-1	<b>Report (Mo Total)</b>	<b>dry tons</b>				<b>(1 Monthly)</b>	<b>(Calculated)</b>
Biosolids Quantity (Landfilled)	<b>0.0</b>				<b>0</b>	<b>1 Monthly</b>	<b>Calculated</b>
PARM Code B0008 + Mon. Site: RMP-2	<b>Report (Mo Total)</b>	<b>dry tons</b>				<b>(1 Monthly)</b>	<b>(Calculated)</b>
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Colleen Pedone	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed	TELEPHONE  (727) 848-8292	SUBMITTED ON  08/11/2022

## DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014348-014  
 Monitoring Period From: 7/01/2022 To: 7/31/2022

Facility: Buttonwood Bay Utilities WWTP

	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual (For Disinfection) 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	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	FLW-01	INF-01	INF-01		
1		1.1				7.5	0.036				
2		1.5				7.6	0.036				
3							0.036				
4		1.9				7.5	0.013				
5		1.3				7.5	0.029				
6		4.1				7.7	0.035				
7		4.7				7.6	0.039				
8		2.0				7.6	0.039				
9		4.3				7.7	0.039				
10							0.039				
11						7.6	0.037				
12		4.4				7.6	0.032				
13		1.5				7.6	0.033				
14	<2.0	4.7		0.88	1.2	7.7	0.053	47	<2.0		
15		4.7				7.6	0.021				
16		1.0				7.6	0.035				
17		1.8				7.6	0.035				
18							0.050				
19		4.2				7.7	0.026				
20		4.0				7.6	0.034				
21		1.1	<1			7.6	0.033				
22		3.5				7.6	0.041				
23		3.1				7.6	0.040				
24		3.2				7.5	0.040				
25							0.037				
26		1.4				7.7	0.048				
27		3.8				7.7	0.034				
28		4.1				7.6	0.048				
29		3.7				7.6	0.019				
30		1.6				7.5	0.044				
31		2.6				7.5	0.036				
Total							<b>1.117</b>				
Mo. Avg.	<2.0		<1	0.88	1.2		<b>0.036</b>	47	<2.0		

**PLANT STAFFING:**

Day Shift Operator      Class:   C        Certificate No:   22164        Name:   Dustin Williams  

Evening Shift Operator      Class:                 Certificate No:                 Name:           

Night Shift Operator      Class:                 Certificate No:                 Name:           

Lead Operator      Class:                 Certificate No:                 Name:

## DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014348-014  
 Monitoring Period From: 8/01/2022 To: 8/31/2022

Facility: Buttonwood Bay Utilities WWTP

	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual (For Disinfection) 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	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	FLW-01	INF-01	INF-01		
1		1.0				7.6	0.034				
2		1.3				7.6	0.048				
3		1.5				7.6	0.028				
4	2.2	1.8	<1	0.75	<1.0	7.6	0.038	224	190		
5		1.4				7.6	0.030				
6		1.7				7.6	0.044				
7							0.044				
8		1.7				7.7	0.037				
9		2.1				7.6	0.014				
10		2.3				7.6	0.026				
11		3.1				7.6	0.022				
12		2.8				7.6	0.038				
13		2.4				7.6	0.030				
14							0.030				
15		2.0				7.6	0.015				
16		2.4				7.6	0.028				
17		1.6				7.6	0.036				
18		1.8				7.6	0.036				
19		1.6				7.6	0.033				
20		2.1				7.6	0.020				
21							0.020				
22		2.7				7.5	0.031				
23		3.4				7.6	0.013				
24		3.0				7.6	0.034				
25		4.2				7.7	0.024				
26		3.8				7.7	0.010				
27		3.6				7.6	0.030				
28							0.030				
29		3.1				7.7	0.035				
30		3.3				7.6	0.040				
31		3.2				7.7	0.025				
Total							<b>0.923</b>				
Mo. Avg.	2.2		<1	0.75	<1.0		<b>0.030</b>	224	190		

**PLANT STAFFING:**

Day Shift Operator      Class:   C        Certificate No:   22164        Name:   Dustin Williams  

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**

PERMITTEE NAME: Pelican Bay Communities LLC c/o Sun Communities, Inc. ADDRESS: 27777 Franklin Rd, Ste. 200 Southfield, MI 48034  FACILITY: Buttonwood Bay Utilities WWTP LOCATION: 10001 US Highway 27 S Sebring, FL 33876  COUNTY: HIGHLANDS	PERMIT NUMBER: FLA014348 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: R-001  DESCRIPTION: R-001, including Influent  MONITORING PERIOD: From: 09/01/2022 To: 09/30/2022
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Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon. Site: EFA-01	<b>Sample Measurement</b>		<b>2.0</b>		<b>0</b>	<b>1 Monthly</b>	<b>Grab</b>
	<b>Permit Requirement</b>		20.0 (Annl Avg)	mg/L		(1 Monthly)	(Grab)
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon. Site: EFA-01	<b>Sample Measurement</b>		<b>2.1</b>	<b>2.1</b>	<b>2.1</b>	<b>0</b>	<b>1 Monthly</b>
	<b>Permit Requirement</b>		60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L	(1 Monthly)
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-01	<b>Sample Measurement</b>		<b>1.9</b>		<b>0</b>	<b>1 Monthly</b>	<b>Grab</b>
	<b>Permit Requirement</b>		20.0 (Annl Avg)	mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-01	<b>Sample Measurement</b>		<b>2.2</b>	<b>2.2</b>	<b>2.2</b>	<b>0</b>	<b>1 Monthly</b>
	<b>Permit Requirement</b>		60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L	(1 Monthly)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-01	Sample Measurement					14.5			0	1 Monthly	Grab
	Permit Requirement					200.0 (Annl Avg)		#/100mL		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-01	Sample Measurement					<1	<1		0	1 Monthly	Grab
	Permit Requirement					200.0 (Mo Geomn)	800.0 (Maximum)	#/100mL		(1 Monthly)	(Grab)
pH PARM Code 00400 A Mon. Site: EFA-01	Sample Measurement				7.6		7.6		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)
Chlorine, Total Residual PARM Code 50060 A Add. Desc: For Disinfection Mon. Site: EFA-01	Sample Measurement				1.4				0	5 Days/Week	Grab
	Permit Requirement				1.0 (Minimum)			mg/L		(5 Days/Week)	(Grab)
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon. Site: EFA-01	Sample Measurement						1.1		0	1 Monthly	Grab
	Permit Requirement						12.0 (Maximum)	mg/L		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow PARM Code 50050 Y Mon. Site: FLW-01	Sample Measurement		0.043						0	5 Days/Week	Meter
	Permit Requirement		0.098 (Annl Avg)	MGD						(5 Days/Week)	(Meter)
Flow PARM Code 50050 1 Mon. Site: FLW-01	Sample Measurement	0.04	0.035						0	5 Days/Week	Meter
	Permit Requirement	Report (Mo Avg)	Report (3MonAvg)	MGD						(5 Days/Week)	(Meter)
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Add. Desc: Influent Mon. Site: INF-01	Sample Measurement					159			0	1 Monthly	Grab
	Permit Requirement					Report (Maximum)	mg/L			(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 G Add. Desc: Influent Mon. Site: INF-01	Sample Measurement					613			0	1 Monthly	Grab
	Permit Requirement					Report (Maximum)	mg/L			(1 Monthly)	(Grab)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Colleen Pedone	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed		TELEPHONE  (727) 848-8292	SUBMITTED ON  10/12/2022	

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

PERMITTEE NAME: Pelican Bay Communities LLC c/o Sun Communities, Inc. ADDRESS: 27777 Franklin Rd, Ste. 200 Southfield, MI 48034  FACILITY: Buttonwood Bay Utilities WWTP LOCATION: 10001 US Highway 27 S Sebring, FL 33876  COUNTY: HIGHLANDS	PERMIT NUMBER: FLA014348 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q  DESCRIPTION: Biosolids Quantity  MONITORING PERIOD: From: 09/01/2022 To: 09/30/2022
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Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred)	<b>0.0</b>				<b>0</b>	<b>1 Monthly</b>	<b>Calculated</b>
PARM Code B0007 + Mon. Site: RMP-1	<b>Report (Mo Total)</b>	<b>dry tons</b>				<b>(1 Monthly)</b>	<b>(Calculated)</b>
Biosolids Quantity (Landfilled)	<b>0.0</b>				<b>0</b>	<b>1 Monthly</b>	<b>Calculated</b>
PARM Code B0008 + Mon. Site: RMP-2	<b>Report (Mo Total)</b>	<b>dry tons</b>				<b>(1 Monthly)</b>	<b>(Calculated)</b>
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Colleen Pedone	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed	TELEPHONE  (727) 848-8292	SUBMITTED ON  10/12/2022



## DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014348-014  
 Monitoring Period From: 9/01/2022 To: 9/30/2022

Facility: Buttonwood Bay Utilities WWTP

Code	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual (For Disinfection) 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		
Mon. Site	80082 EFA-01	50060 EFA-01	74055 EFA-01	00620 EFA-01	00530 EFA-01	00400 EFA-01	50050 FLW-01	80082 INF-01	00530 INF-01		
1		1.4				7.6	0.017				
2		1.8				7.6	0.022				
3		2.7				7.6	0.027				
4							0.027				
5		1.8				7.6	0.035				
6		2.4				7.6	0.021				
7		1.9				7.6	0.021				
8	2.1	1.7	<1	1.1	2.2	7.6	0.027	159	613		
9		2.3				7.6	0.026				
10		2.8				7.6	0.043				
11							0.043				
12		2.1				7.6	0.038				
13		2.6				7.6	0.045				
14		2.8				7.6	0.026				
15		3.6				7.6	0.053				
16		3.3				7.6	0.053				
17		3.9				7.6	0.052				
18							0.052				
19		3.4				7.6	0.046				
20		3.1				7.6	0.030				
21		2.7				7.6	0.026				
22		3.0				7.6	0.041				
23		3.9				7.6	0.03				
24		3.7				7.6	0.04				
25							0.04				
26		3.2				7.6	0.021				
27		2.6				7.6	0.043				
28		2.4				7.6	OTH				
29		OTH				OTH	OTH				
30		OTH				OTH	OTH				
31											
Total							<b>0.945</b>				
Mo. Avg.	2.1		<1	1.1	2.2		<b>0.04</b>	159	613		

**PLANT STAFFING:**

Day Shift Operator      Class:   C        Certificate No:   22164        Name:   Dustin Williams  

Evening Shift Operator      Class:                 Certificate No:                 Name:                           

Night Shift Operator      Class:                 Certificate No:                 Name:                           

Lead Operator      Class:                 Certificate No:                 Name:                           

**OTH – Power Out Due to Hurricane Ian**

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

PERMITTEE NAME: Pelican Bay Communities LLC c/o Sun Communities, Inc. ADDRESS: 27777 Franklin Rd, Ste. 200 Southfield, MI 48034  FACILITY: Buttonwood Bay Utilities WWTP LOCATION: 10001 US Highway 27 S Sebring, FL 33876  COUNTY: HIGHLANDS	PERMIT NUMBER: FLA014348 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: R-001  DESCRIPTION: R-001, including Influent  MONITORING PERIOD: From: 10/01/2022 To: 10/31/2022
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Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type	
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon. Site: EFA-01	<b>Sample Measurement</b>			2.2		0	1 Monthly	Grab	
	<b>Permit Requirement</b>			20.0 (Annl Avg)	mg/L		(1 Monthly)	(Grab)	
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon. Site: EFA-01	<b>Sample Measurement</b>			5.0	5.0	5.0	0	1 Monthly	Grab
	<b>Permit Requirement</b>			60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L	(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-01	<b>Sample Measurement</b>			1.7		0	1 Monthly	Grab	
	<b>Permit Requirement</b>			20.0 (Annl Avg)		mg/L	(1 Monthly)	(Grab)	
Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-01	<b>Sample Measurement</b>			2.4	2.4	2.4	0	1 Monthly	Grab
	<b>Permit Requirement</b>			60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L	(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-01	Sample Measurement					14.5			0	1 Monthly	Grab
	Permit Requirement					200.0 (Annl Avg)		#/100mL		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-01	Sample Measurement					<1.0	<1.0		0	1 Monthly	Grab
	Permit Requirement					200.0 (Mo Geomn)	800.0 (Maximum)	#/100mL		(1 Monthly)	(Grab)
pH PARM Code 00400 A Mon. Site: EFA-01	Sample Measurement				7.2		7.9		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)
Chlorine, Total Residual PARM Code 50060 A Add. Desc: For Disinfection Mon. Site: EFA-01	Sample Measurement				1.3				0	5 Days/Week	Grab
	Permit Requirement				1.0 (Minimum)			mg/L		(5 Days/Week)	(Grab)
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon. Site: EFA-01	Sample Measurement						3.8		0	1 Monthly	Grab
	Permit Requirement						12.0 (Maximum)	mg/L		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow PARM Code 50050 Y Mon. Site: FLW-01	Sample Measurement		0.044						0	5 Days/Week	Meter
	Permit Requirement		0.098 (Annl Avg)	MGD						(5 Days/Week)	(Meter)
Flow PARM Code 50050 1 Mon. Site: FLW-01	Sample Measurement	0.042	0.037						0	5 Days/Week	Meter
	Permit Requirement	Report (Mo Avg)	Report (3MonAvg)	MGD						(5 Days/Week)	(Meter)
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Add. Desc: Influent Mon. Site: INF-01	Sample Measurement					171			0	1 Monthly	Grab
	Permit Requirement					Report (Maximum)	mg/L			(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 G Add. Desc: Influent Mon. Site: INF-01	Sample Measurement					131			0	1 Monthly	Grab
	Permit Requirement					Report (Maximum)	mg/L			(1 Monthly)	(Grab)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Colleen Pedone	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed			TELEPHONE  (727) 848-8292	SUBMITTED ON  11/15/2022

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

PERMITTEE NAME: Pelican Bay Communities LLC c/o Sun Communities, Inc. ADDRESS: 27777 Franklin Rd, Ste. 200 Southfield, MI 48034  FACILITY: Buttonwood Bay Utilities WWTP LOCATION: 10001 US Highway 27 S Sebring, FL 33876  COUNTY: HIGHLANDS	PERMIT NUMBER: FLA014348 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q  DESCRIPTION: Biosolids Quantity  MONITORING PERIOD: From: 10/01/2022 To: 10/31/2022
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Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred)	<b>0.94</b>				<b>0</b>	<b>1 Monthly</b>	<b>Calculated</b>
PARM Code B0007 + Mon. Site: RMP-1	<b>Report (Mo Total)</b>	<b>dry tons</b>				<b>(1 Monthly)</b>	<b>(Calculated)</b>
Biosolids Quantity (Landfilled)	<b>0.0</b>				<b>0</b>	<b>1 Monthly</b>	<b>Calculated</b>
PARM Code B0008 + Mon. Site: RMP-2	<b>Report (Mo Total)</b>	<b>dry tons</b>				<b>(1 Monthly)</b>	<b>(Calculated)</b>
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Colleen Pedone	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed	TELEPHONE  (727) 848-8292	SUBMITTED ON  11/15/2022

## DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014348-014  
 Monitoring Period From: 10/01/2022 To: 10/31/2022

Facility: Buttonwood Bay Utilities WWTP

	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual (For Disinfection) 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	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	FLW-01	INF-01	INF-01		
1		OTH				OTH	OTH				
2		OTH				OTH	OTH				
3		OTH				OTH	OTH				
4		2.3				7.3	0.032				
5		4.6				7.9	0.039				
6		2.7				7.7	0.045				
7		2.1				7.7	0.029				
8		2.9				7.7	0.041				
9							0.041				
10		2.2				7.7	0.048				
11		2.7				7.6	0.064				
12		1.6				7.5	0.029				
13	5.0	4.2	<1.0	3.8	2.4	7.5	0.059	171	131		
14		3.8				7.5	0.049				
15		3.2				7.5	0.050				
16							0.050				
17		3.7				7.5	0.036				
18		3.0				7.5	OTH				
19		3.2				7.5	OTH				
20		2.4				7.5	OTH				
21		2.6				7.5	OTH				
22		2.6				7.5	OTH				
23							OTH				
24		3.2				7.5	OTH				
25		2.4				7.5	OTH				
26		2.9				7.5	0.047				
27		1.3				7.2	0.012				
28		2.6				7.4	0.028				
29		2.4				7.4	0.041				
30							0.041				
31		1.3				7.6	0.063				
Total							<b>0.844</b>				
Mo. Avg.	5.0		<1.0	3.8	2.4		<b>0.042</b>	171	131		

**PLANT STAFFING:**

Day Shift Operator      Class:   C        Certificate No:   22164        Name:   Dustin Williams  

Evening Shift Operator      Class:                 Certificate No:                 Name:                           

Night Shift Operator      Class:                 Certificate No:                 Name:                           

Lead Operator      Class:                 Certificate No:                 Name:                           

**OTH – Power Out Due to Hurricane Ian**

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

PERMITTEE NAME: Sun Communities, Inc. ADDRESS: 27777 Franklin Rd, Ste. 200 Southfield, MI 48034  FACILITY: Buttonwood Bay Utilities WWTP LOCATION: 10001 US Highway 27 S Sebring, FL 33876  COUNTY: HIGHLANDS	PERMIT NUMBER: FLA014348 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: R-001  DESCRIPTION: R-001, including Influent  MONITORING PERIOD: From: 11/01/2022 To: 11/30/2022
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Parameter	Sample Measurement / Permit Requirement	Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon. Site: EFA-01	<b>Sample Measurement</b>				2.4			0	1 Monthly	Grab
	<b>Permit Requirement</b>				20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon. Site: EFA-01	<b>Sample Measurement</b>			7.3	7.3	7.3		0	1 Monthly	Grab
	<b>Permit Requirement</b>			60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-01	<b>Sample Measurement</b>				1.8			0	1 Monthly	Grab
	<b>Permit Requirement</b>				20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-01	<b>Sample Measurement</b>			2.2	2.2	2.2		0	1 Monthly	Grab
	<b>Permit Requirement</b>			60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-01	Sample Measurement					14.5			0	1 Monthly	Grab
	Permit Requirement					200.0 (Annl Avg)		#/100mL		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-01	Sample Measurement					<1.0	<1.0		0	1 Monthly	Grab
	Permit Requirement					200.0 (Mo Geomn)	800.0 (Maximum)	#/100mL		(1 Monthly)	(Grab)
pH PARM Code 00400 A Mon. Site: EFA-01	Sample Measurement				7.6		7.6		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)
Chlorine, Total Residual PARM Code 50060 A Add. Desc: For Disinfection Mon. Site: EFA-01	Sample Measurement				1.7				0	5 Days/Week	Grab
	Permit Requirement				1.0 (Minimum)			mg/L		(5 Days/Week)	(Grab)
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon. Site: EFA-01	Sample Measurement						0.72		0	1 Monthly	Grab
	Permit Requirement						12.0 (Maximum)	mg/L		(1 Monthly)	(Grab)



Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow PARM Code 50050 Y Mon. Site: FLW-01	Sample Measurement		0.044						0	5 Days/Week	Meter
	Permit Requirement		0.098 (Annl Avg)	MGD						(5 Days/Week)	(Meter)
Flow PARM Code 50050 1 Mon. Site: FLW-01	Sample Measurement	0.043	0.042						0	5 Days/Week	Meter
	Permit Requirement	Report (Mo Avg)	Report (3MonAvg)	MGD						(5 Days/Week)	(Meter)
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Add. Desc: Influent Mon. Site: INF-01	Sample Measurement					189			0	1 Monthly	Grab
	Permit Requirement					Report (Maximum)	mg/L			(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 G Add. Desc: Influent Mon. Site: INF-01	Sample Measurement					166			0	1 Monthly	Grab
	Permit Requirement					Report (Maximum)	mg/L			(1 Monthly)	(Grab)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Colleen Pedone	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed			TELEPHONE  (727) 848-8292	SUBMITTED ON  12/21/2022

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

PERMITTEE NAME: Sun Communities, Inc. ADDRESS: 27777 Franklin Rd, Ste. 200 Southfield, MI 48034  FACILITY: Buttonwood Bay Utilities WWTP LOCATION: 10001 US Highway 27 S Sebring, FL 33876  COUNTY: HIGHLANDS	PERMIT NUMBER: FLA014348 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q  DESCRIPTION: Biosolids Quantity  MONITORING PERIOD: From: 11/01/2022 To: 11/30/2022
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Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred)	<b>0.0</b>				<b>0</b>	<b>1 Monthly</b>	<b>Calculated</b>
PARM Code B0007 + Mon. Site: RMP-1	<b>Report (Mo Total)</b>	<b>dry tons</b>				<b>(1 Monthly)</b>	<b>(Calculated)</b>
Biosolids Quantity (Landfilled)	<b>0.0</b>				<b>0</b>	<b>1 Monthly</b>	<b>Calculated</b>
PARM Code B0008 + Mon. Site: RMP-2	<b>Report (Mo Total)</b>	<b>dry tons</b>				<b>(1 Monthly)</b>	<b>(Calculated)</b>
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Colleen Pedone	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed		TELEPHONE  (727) 848-8292	SUBMITTED ON  12/21/2022

## DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014348-014  
 Monitoring Period From: 11/01/2022 To: 11/30/2022

Facility: Buttonwood Bay Utilities WWTP

	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual (For Disinfection) 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	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	FLW-01	INF-01	INF-01		
1		1.7				7.6	0.040				
2		2.4				7.6	0.060				
3		2.5				7.6	0.053				
4		2.1				7.6	0.063				
5		2.3				7.6	0.039				
6							0.039				
7		2.6				7.6	0.069				
8		2.3				7.6	0.030				
9		2.7				7.6	0.037				
10		2.9				7.6	0.034				
11		2.7				7.6	0.030				
12		2.4				7.6	0.039				
13							0.039				
14		2.9				7.6	0.034				
15		2.7				7.6	0.034				
16		2.9				7.6	0.048				
17	7.3	3.1	<1.0	0.72	2.2	7.6	0.040	189	166		
18		3.0				7.6	0.044				
19		3.5				7.6	0.050				
20							0.050				
21		2.5				7.6	0.038				
22		3.5				7.6	0.041				
23		3.9				7.6	0.031				
24		3.1				7.6	0.041				
25		3.5				7.6	0.044				
26		3.1				7.6	0.046				
27							0.046				
28		4.0				7.6	0.046				
29		2.8				7.6	0.069				
30		3.1				7.6	0.020				
31											
Total							<b>1.294</b>				
Mo. Avg.	<b>7.3</b>		<b>&lt;1.0</b>	<b>0.72</b>	<b>2.2</b>		<b>0.043</b>	<b>189</b>	<b>166</b>		

**PLANT STAFFING:**

Day Shift Operator      Class:   C        Certificate No:   22164        Name:   Dustin Williams  

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**

PERMITTEE NAME: Sun Communities, Inc. ADDRESS: 27777 Franklin Rd, Ste. 200 Southfield, MI 48034  FACILITY: Buttonwood Bay Utilities WWTP LOCATION: 10001 US Highway 27 S Sebring, FL 33876  COUNTY: HIGHLANDS	PERMIT NUMBER: FLA014348 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: R-001  DESCRIPTION: R-001, including Influent  MONITORING PERIOD: From: 12/01/2022 To: 12/31/2022
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Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon. Site: EFA-01	<b>Sample Measurement</b>		<b>2.8</b>		<b>0</b>	<b>1 Monthly</b>	<b>Grab</b>
	<b>Permit Requirement</b>		20.0 (Annl Avg)	mg/L		(1 Monthly)	(Grab)
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon. Site: EFA-01	<b>Sample Measurement</b>		<b>8.1</b>	<b>8.1</b>	<b>8.1</b>	<b>0</b>	<b>1 Monthly</b>
	<b>Permit Requirement</b>		60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L	(1 Monthly)
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-01	<b>Sample Measurement</b>		<b>1.9</b>		<b>0</b>	<b>1 Monthly</b>	<b>Grab</b>
	<b>Permit Requirement</b>		20.0 (Annl Avg)	mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-01	<b>Sample Measurement</b>		<b>1.2</b>	<b>1.2</b>	<b>1.2</b>	<b>0</b>	<b>1 Monthly</b>
	<b>Permit Requirement</b>		60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L	(1 Monthly)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-01	Sample Measurement					15.8			0	1 Monthly	Grab
	Permit Requirement					200.0 (Annl Avg)		#/100mL		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-01	Sample Measurement					17.46	610		0	1 Monthly	Grab
	Permit Requirement					200.0 (Mo Geomn)	800.0 (Maximum)	#/100mL		(1 Monthly)	(Grab)
pH PARM Code 00400 A Mon. Site: EFA-01	Sample Measurement				7.4		7.6		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)
Chlorine, Total Residual PARM Code 50060 A Add. Desc: For Disinfection Mon. Site: EFA-01	Sample Measurement				1.8				0	5 Days/Week	Grab
	Permit Requirement				1.0 (Minimum)			mg/L		(5 Days/Week)	(Grab)
Nitrogen, Nitrate, Total (as N) PARM Code 00620 A Mon. Site: EFA-01	Sample Measurement						<0.12		0	1 Monthly	Grab
	Permit Requirement						12.0 (Maximum)	mg/L		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow PARM Code 50050 Y Mon. Site: FLW-01	Sample Measurement		0.043						0	5 Days/Week	Meter
	Permit Requirement		0.098 (Annl Avg)	MGD						(5 Days/Week)	(Meter)
Flow PARM Code 50050 1 Mon. Site: FLW-01	Sample Measurement	0.048	0.044						0	5 Days/Week	Meter
	Permit Requirement	Report (Mo Avg)	Report (3MonAvg)	MGD						(5 Days/Week)	(Meter)
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Add. Desc: Influent Mon. Site: INF-01	Sample Measurement					164			0	1 Monthly	Grab
	Permit Requirement					Report (Maximum)	mg/L			(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 G Add. Desc: Influent Mon. Site: INF-01	Sample Measurement					168			0	1 Monthly	Grab
	Permit Requirement					Report (Maximum)	mg/L			(1 Monthly)	(Grab)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Colleen Pedone	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed			TELEPHONE  (727) 848-8292	SUBMITTED ON  01/05/2023

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

PERMITTEE NAME: Sun Communities, Inc. ADDRESS: 27777 Franklin Rd, Ste. 200 Southfield, MI 48034  FACILITY: Buttonwood Bay Utilities WWTP LOCATION: 10001 US Highway 27 S Sebring, FL 33876  COUNTY: HIGHLANDS	PERMIT NUMBER: FLA014348 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q  DESCRIPTION: Biosolids Quantity  MONITORING PERIOD: From: 12/01/2022 To: 12/31/2022
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Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type	
Biosolids Quantity (Transferred)	<b>0.0</b>				<b>0</b>	<b>1 Monthly</b>	<b>Calculated</b>	
PARM Code B0007 + Mon. Site: RMP-1	<b>Report (Mo Total)</b>	<b>dry tons</b>				<b>(1 Monthly)</b>	<b>(Calculated)</b>	
Biosolids Quantity (Landfilled)	<b>0.0</b>				<b>0</b>	<b>1 Monthly</b>	<b>Calculated</b>	
PARM Code B0008 + Mon. Site: RMP-2	<b>Report (Mo Total)</b>	<b>dry tons</b>				<b>(1 Monthly)</b>	<b>(Calculated)</b>	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Colleen Pedone	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  Electronically Signed		TELEPHONE  (727) 848-8292	SUBMITTED ON  01/05/2023

## DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014348-014  
 Monitoring Period From: 12/01/2022 To: 12/31/2022

Facility: Buttonwood Bay Utilities WWTP

Code	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual (For Disinfection) 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		
Mon. Site	80082 EFA-01	50060 EFA-01	74055 EFA-01	00620 EFA-01	00530 EFA-01	00400 EFA-01	50050 FLW-01	80082 INF-01	00530 INF-01		
1		2.5				7.6	0.036				
2		2.7				7.6	0.049				
3		2.0				7.6	0.044				
4							0.044				
5		2.4				7.6	0.050				
6		2.5				7.4	0.041				
7		2.0				7.6	0.034				
8	8.1	1.8	610	<0.12	1.2	7.6	0.040	164	168		
9		2.4				7.6	0.046				
10		2.4				7.6	0.047				
11							0.047				
12		2.9				7.6	0.046				
13		2.7				7.6	0.048				
14		3.1				7.6	0.040				
15		3.5				7.6	0.054				
16		3.9				7.6	0.050				
17		3.5				7.6	0.050				
18							0.050				
19		3.1				7.6	0.049				
20		2.4				7.6	0.051				
21		2.7				7.6	0.026				
22		2.9				7.6	0.040				
23		2.0				7.6	0.032				
24		2.4				7.6	0.056				
25							0.056				
26		2.6				7.6	0.063				
27		2.8				7.6	0.049				
28		3.1	<1.0			7.6	0.049				
29		3.2				7.6	0.091				
30		3.1				7.6	0.068				
31		3.0				7.6	0.043				
Total							<b>1.489</b>				
Mo. Avg.	<b>8.1</b>		<b>17.46 GEO</b>	<b>&lt;0.12</b>	<b>1.2</b>		<b>0.048</b>	<b>164</b>	<b>168</b>		

**PLANT STAFFING:**

Day Shift Operator      Class:   C        Certificate No:   22164        Name:   Dustin Williams  

Evening Shift Operator      Class:                 Certificate No:                 Name:                           

Night Shift Operator      Class:                 Certificate No:                 Name:                           

Lead Operator      Class:                 Certificate No:                 Name:





**A-Able Septic Sewer Service, Inc.**  
 2190 N. Crede Avenue  
 Crystal River, FL 34428  
 (352)7951554

# Invoice 55974

DATE  
10/20/2022

PLEASE PAY  
\$5,500.00

**BILL TO**  
 Buttonwood Bay Utilities, Inc  
 27777 Franklin Rd  
 Ste 200  
 Southfield, MI 48034

PLEASE DETACH TOP PORTION AND RETURN WITH YOUR PAYMENT.

ACTIVITY	GALLONS	RATE	AMOUNT
<b>Sludge</b> Hauled 20000 Gallons of Unstabilized Sludge From Buttonwood to A-ABLE Septic Biosolids Treatment Facility (BTF) on 10/18/2022	20,000	0.20	4,000.00
<b>Environmental Fee</b> Environmental Fee	4	75.00	300.00
<b>Fuel</b> Per contract Fuel Surcharge assessed when fuel exceeds \$3.25 per gallon. Dustin Williams #863-254-9652	20,000	0.06	1,200.00
Rich 5k--54820 Dave 5k-54819			
<b>TOTAL DUE</b>			<b>\$5,500.00</b>

THANK YOU.



**A-Able Septic Sewer Service, Inc.**  
 2190 N. Crede Avenue  
 Crystal River, FL 34428  
 (352)7951554

# Invoice 57734

DATE  
03/23/2023

PLEASE PAY  
\$5,500.00

**BILL TO**  
 Buttonwood Bay Utilities, Inc  
 27777 Franklin Rd  
 Ste 200  
 Southfield, MI 48034

PLEASE DETACH TOP PORTION AND RETURN WITH YOUR PAYMENT.

ACTIVITY	GALLONS	RATE	AMOUNT
<b>Sludge</b> Hauled 20000 Gallons of Unstabilized Sludge From Buttonwood to A-ABLE Septic Biosolids Treatment Facility (BTF) on 3/22/23	20,000	0.20	4,000.00
<b>Environmental Fee</b> Environmental Fee	4	75.00	300.00
<b>Fuel</b> Per contract Fuel Surcharge assessed when fuel exceeds \$3.25 per gallon. Chris@uswater 863-991-1828	20,000	0.06	1,200.00

Rich 5k--54820  
 Dave 5k-54819

TOTAL DUE **\$5,500.00**

THANK YOU.

7/6/2022	7/6/2022	a & D Water Systems Inc.	Invoice	15278	1,001.09	archived	Buttonwood Bay
7/14/2022	7/14/2022	a & D Water Systems Inc.	Invoice	15325	209.72	archived	Buttonwood Bay
7/20/2022	7/20/2022	a & D Water Systems Inc.	Invoice	15349	497.02	archived	Buttonwood Bay
7/27/2022	7/27/2022	a & D Water Systems Inc.	Invoice	15403	298.64	archived	Buttonwood Bay
8/4/2022	8/4/2022	a & D Water Systems Inc.	Invoice	15452	611.4	archived	Buttonwood Bay
8/11/2022	8/11/2022	a & D Water Systems Inc.	Invoice	15527	298.64	archived	Buttonwood Bay
8/17/2022	8/17/2022	a & D Water Systems Inc.	Invoice	15543	619.85	archived	Buttonwood Bay
8/24/2022	8/24/2022	a & D Water Systems Inc.	Invoice	15579	273.28	archived	Buttonwood Bay
8/31/2022	8/31/2022	a & D Water Systems Inc.	Invoice	15631	476.15	archived	Buttonwood Bay
9/7/2022	9/7/2022	a & D Water Systems Inc.	Invoice	15669	239.47	archived	Buttonwood Bay
9/14/2022	9/14/2022	a & D Water Systems Inc.	Invoice	15710	645.21	archived	Buttonwood Bay
9/21/2022	9/21/2022	a & D Water Systems Inc.	Invoice	15758	247.92	archived	Buttonwood Bay
9/27/2022	9/27/2022	a & D Water Systems Inc.	Invoice	15785	822.3	archived	Buttonwood Bay
10/4/2022	10/4/2022	a & D Water Systems Inc.	Invoice	15820	433.89	archived	Buttonwood Bay
10/14/2022	10/14/2022	a & D Water Systems Inc.	Invoice	15911	476.15	archived	Buttonwood Bay
10/19/2022	10/19/2022	a & D Water Systems Inc.	Invoice	15926	298.64	archived	Buttonwood Bay
10/26/2022	10/26/2022	a & D Water Systems Inc.	Invoice	15971	467.7	archived	Buttonwood Bay
11/2/2022	11/2/2022	a & D Water Systems Inc.	Invoice	16010	472.08	archived	Buttonwood Bay
11/8/2022	11/8/2022	a & D Water Systems Inc.	Invoice	16032	541.85	archived	Buttonwood Bay
11/16/2022	11/16/2022	a & D Water Systems Inc.	Invoice	16091	576.73	archived	Buttonwood Bay
11/22/2022	11/22/2022	a & D Water Systems Inc.	Invoice	16123	428.48	archived	Buttonwood Bay
11/30/2022	11/30/2022	a & D Water Systems Inc.	Invoice	16172	341.28	archived	Buttonwood Bay
12/7/2022	12/7/2022	a & D Water Systems Inc.	Invoice	16217	620.33	archived	Buttonwood Bay
12/13/2022	12/13/2022	a & D Water Systems Inc.	Invoice	16254	193.62	archived	Buttonwood Bay
12/14/2022	12/14/2022	a & D Water Systems Inc.	Invoice	16267	1,052.35	archived	Buttonwood Bay
12/21/2022	12/21/2022	a & D Water Systems Inc.	Invoice	16313	839.55	archived	Buttonwood Bay
12/22/2022	12/22/2022	a & D Water Systems Inc.	Invoice	16313	839.55	Deleted	Buttonwood Bay
12/28/2022	12/28/2022	a & D Water Systems Inc.	Invoice	16348	987.8	archived	Buttonwood Bay
1/4/2023	1/4/2023	a & D Water Systems Inc.	Invoice	16381	1,022.68	archived	Buttonwood Bay
1/12/2023	1/12/2023	a & D Water Systems Inc.	Invoice	16429	1,013.96	archived	Buttonwood Bay
1/18/2023	1/18/2023	a & D Water Systems Inc.	Invoice	16458	512.19	archived	Buttonwood Bay
1/26/2023	1/26/2023	a & D Water Systems Inc.	Invoice	16511	551.88	archived	Buttonwood Bay
1/31/2023	1/31/2023	a & D Water Systems Inc.	Invoice	16554	523.48	archived	Buttonwood Bay
2/8/2023	2/8/2023	a & D Water Systems Inc.	Invoice	16589	722.33	archived	Buttonwood Bay
2/15/2023	2/15/2023	a & D Water Systems Inc.	Invoice	16628	466.66	archived	Buttonwood Bay
2/22/2023	2/22/2023	a & D Water Systems Inc.	Invoice	16692	760.37	archived	Buttonwood Bay
3/1/2023	3/1/2023	a & D Water Systems Inc.	Invoice	16736	1,072.87	archived	Buttonwood Bay
3/8/2023	3/8/2023	a & D Water Systems Inc.	Invoice	16783	627.64	archived	Buttonwood Bay
3/15/2023	3/15/2023	a & D Water Systems Inc.	Invoice	16841	1,082.34	archived	Buttonwood Bay
3/22/2023	3/22/2023	a & D Water Systems Inc.	Invoice	16878	1,129.68	archived	Buttonwood Bay
3/29/2023	3/29/2023	a & D Water Systems Inc.	Invoice	16914	693.93	archived	Buttonwood Bay
4/5/2023	4/5/2023	a & D Water Systems Inc.	Invoice	16951	855.07	archived	Buttonwood Bay
4/12/2023	4/12/2023	a & D Water Systems Inc.	Invoice	17009	1,076.02	archived	Buttonwood Bay
4/19/2023	4/19/2023	a & D Water Systems Inc.	Invoice	17064	730.84	archived	Buttonwood Bay
4/26/2023	4/26/2023	a & D Water Systems Inc.	Invoice	17105	759.3	archived	Buttonwood Bay
5/3/2023	5/3/2023	a & D Water Systems Inc.	Invoice	17154	547.12	archived	Buttonwood Bay
5/9/2023	5/9/2023	a & D Water Systems Inc.	Invoice	17183	997.06	archived	Buttonwood Bay
5/17/2023	5/17/2023	a & D Water Systems Inc.	Invoice	17246	1,565.87	archived	Buttonwood Bay
5/24/2023	5/24/2023	a & D Water Systems Inc.	Invoice	17293	579.54	archived	Buttonwood Bay
5/31/2023	5/31/2023	a & D Water Systems Inc.	Invoice	17330	666	archived	Buttonwood Bay
6/6/2023	6/6/2023	a & D Water Systems Inc.	Invoice	17358	536.32	archived	Buttonwood Bay
6/14/2023	6/14/2023	a & D Water Systems Inc.	Invoice	17407	590.35	archived	Buttonwood Bay
6/21/2023	6/21/2023	a & D Water Systems Inc.	Invoice	17454	1,274.08	archived	Buttonwood Bay
6/28/2023	6/28/2023	a & D Water Systems Inc.	Invoice	17518	601.16	archived	Buttonwood Bay

Total chemicals

35,769.43