

060285

ORIGINAL
CLASS A
WATER AND/OR WASTEWATER UTILITIES
SUPPLEMENTAL
FINANCIAL, RATE
AND ENGINEERING
MINIMUM FILING
REQUIREMENTS

OF
UTILITIES, INC. OF SANDALHAVEN

Docket No. 060285-SU

VOLUME III



CMP _____
COM _____
CTR _____
ECR 1 _____
GCL _____
OPC _____
RCA _____
SCR _____
SGA _____
SEC 1 _____
OTH _____

FOR THE

Historic Test Year Ended: December 31, 2005
Projected Test Year Ended: December 31, 2007

FORM PSC/WAW 20 (/)

DOCUMENT NUMBER-DATE
11808 DEC 28 08
FPSC-COMMISSION CLERK

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2549, Ft. Myers, FL, 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014053

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Sandalhaven WWTP
LOCATION: 6811 Placida Road
Englewood, FL 34224

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

COUNTY: Charlotte

NO DISCHARGE FROM SITE: ☒

MONITORING PERIOD From: 11-01-06 To 11-30-06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.006				0		
Flow	Sample Measurement	0				0		
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.1		0		
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<2	<2	<2	0	
Solids, Total Suspended	Sample Measurement			0.69		0		
Solids, Total Suspended	Sample Measurement			<0.6	<0.6	<0.6	0	

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	6974797	06/12/19

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

FACILITY: Sandalhaven WWTP

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA014053

MONITORING PERIOD From: 11-01-06 To

11-30-06

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				6.5	7.0			Ø		
	Permit Requirement										
Coliform, Fecal	Sample Measurement				<1				Ø		
	Permit Requirement										
Coliform, Fecal	Sample Measurement				<1	<1	<1		Ø		
	Permit Requirement										
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.5				Ø		
	Permit Requirement										
Nitrogen, Nitrate, Total (as N)	Sample Measurement				0.77				Ø		
	Permit Requirement										
BOD, Carbonaceous 5 day, 20C	Sample Measurement				133				Ø		
	Permit Requirement										
Solids, Total Suspended	Sample Measurement				306				Ø		
	Permit Requirement										
	Sample Measurement								Ø		
	Permit Requirement										
	Sample Measurement								Ø		
	Permit Requirement										

DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P O Box 2549, Ft. Myers, FL, 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014053

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Sandalhaven WWTP
LOCATION: 6811 Placida Road
Englewood, FL 34224

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC:

COUNTY: Charlotte

NO DISCHARGE FROM SITE: ☒
MONITORING PERIOD From: 11-01-06 To 11-30-06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.088				Ø		
Flow	Sample Measurement	0.086				Ø		
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.1		Ø		
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<2 <2 <2		Ø		
Solids, Total Suspended	Sample Measurement			1.7		Ø		
pH	Sample Measurement			6.5 7.0		Ø		

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NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	697-4989	06/12/19

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Sandalhaven WWTP

MONITORING GROUP NUMBER: R-002

PERMIT NUMBER: FLA014053

MONITORING PERIOD From: 11-01-06 To: 11-30-06

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				<1				0		
Permit Limit	Requirement										
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.5				0		
Permit Limit	Requirement										
Turbidity	Sample Measurement				1.61				0		
Permit Limit	Requirement										
	Sample Measurement										
	Requirement										
	Sample Measurement										
	Requirement										
	Sample Measurement										
	Requirement										
	Sample Measurement										
	Requirement										
	Sample Measurement										
	Requirement										
	Sample Measurement										
	Requirement										
	Sample Measurement										
	Requirement										
	Sample Measurement										
	Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA014053
From:

11-01-06

To: 11-30-06

Facility: Sandalhaven WWTP

	Flow (MGD)	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	pH (SU)	TRC (For Disinfect.) (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	CBOD5 (MG/L)	TSS (MG/L)	
Code	50050	50050	80082	00530	00400	50060	74055	00620	80082	00530	
Mon. Site	OTH-1A	OTH-1B	INF-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	
1	0.085	Ø			6.6	1.5	<1				
2	0.089	Ø			6.7	1.5	<1				
3	0.087	Ø			6.6	2.4					
4	0.081	Ø			6.5	2.4					
5	0.083	Ø			6.5	2.3					
6	0.091	Ø			6.6	5.0	<1				
7	0.087	Ø			6.7	4.8	<1				
8	0.098	Ø	126	360	6.8	3.6	<1	.77	<2	<0.6	
9	0.093	Ø			6.8	5.0	<1				
10	0.084	Ø			6.8	4.6					
11	0.084	Ø			6.7	4.4					
12	0.074	Ø			6.6	3.9					
13	0.080	Ø			6.6	3.8	<1				
14	0.076	Ø			7.0	2.8	<1				
15	0.065	Ø			7.0	2.0	<1				
16	0.085	Ø			7.0	5.0	<1				
17	0.079	Ø			6.9	5.0					
18	0.093	Ø			6.8	1.5					
19	0.090	Ø			6.7	5.0					
20	0.098	Ø			7.0	5.0	<1				
21	0.084	Ø	140	252	7.0	5.0	<1	.74	<2	<0.6	
22	0.085	Ø			6.8	5.0	<1				
23	0.080	Ø			6.9	5.0					
24	0.084	Ø			6.7	1.8	<1				
25	0.082	Ø			6.7	4.1					
26	0.090	Ø			6.7	5.0					
27	0.084	Ø			6.8	4.1	<1				
28	0.086	Ø			6.9	5.0	<1				
29	0.117	Ø			6.8	3.0	<1				
30	0.081	Ø			6.8	4.3	<1				
31											
Total	2.575	Ø	266	612				1.51			
Mo. Avg	0.086	Ø	133	306	6.7	3.8	<1	0.76	<2	<0.6	

PLANT STAFFING:

Day Shift Operator

Class:

C

Certificate No:

0013850

Name:

Michael Monat

Evening Shift Operator

Class:

C

Certificate No:

0013794

Name:

Ted Burleson

Night Shift Operator

Class:

B

Certificate No:

0007518

Name:

Patrick Godwin

Lead Operator

Class:

B

Certificate No:

0007518

Name:

Patrick Godwin

Facility: Sandelhaven WWTP

[illegible]

PLANT STAFFING:

Day Shift Operator

Class:

C

Certificate No:

00/3850

Name:

Michael Monat

Evening Shift Operator

Class:

C

Certificate No:

0013794

Name:

Ted Burleson

Night Shift Operator

Class:

Certificate No:

Name:

Patrick Godwin

Lead Operator

Class:

B

Certificate No:

0007518

Name:

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P O Box 2549, Ft. Myers, FL, 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014053

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Sandalhaven WWTP
LOCATION: 6811 Placida Road
Englewood, FL 34224

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

COUNTY: Charlotte

NO DISCHARGE FROM SITE: ☒

MONITORING PERIOD From: 11-01-06 To 11-30-06

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.006							Ø		
Flow	Sample Measurement	Ø							Ø		
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.1				Ø		
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2	<2	<2		Ø		
Solids, Total Suspended	Sample Measurement				0.69				Ø		
Solids, Total Suspended	Sample Measurement				<0.6	<0.6	<0.6		Ø		

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	697-4797	06/12/19

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Sandalhaven WWTP

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: 11-01-06 To: 11-30-06

PERMIT NUMBER: FLA014053

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			6.5	7.0			Ø		
PARMETER 7000 MONITORING GROUP	Sample Measurement									
Coliform, Fecal	Sample Measurement			<1				Ø		
PARMETER 7001 MONITORING GROUP	Sample Measurement									
Coliform, Fecal	Sample Measurement			<1	<1	<1		Ø		
PARMETER 7002 MONITORING GROUP	Sample Measurement									
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.5				Ø		
PARMETER 7003 MONITORING GROUP	Sample Measurement									
Nitrogen, Nitrate, Total (as N)	Sample Measurement			0.77				Ø		
PARMETER 7004 MONITORING GROUP	Sample Measurement									
BOD, Carbonaceous 5 day, 20C	Sample Measurement			133				Ø		
PARMETER 7005 MONITORING GROUP	Sample Measurement									
Solids, Total Suspended	Sample Measurement			306				Ø		
PARMETER 7006 MONITORING GROUP	Sample Measurement									
	Sample Measurement							Ø		
	Sample Measurement							Ø		
	Sample Measurement							Ø		
	Sample Measurement							Ø		

When Completed mail this report to: Department of Environmental Protection, P O Box 2549, Ft. Myers, FL, 33902-2549

STATEMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
MAILING ADDRESS: 200 Weatherfield Avenue
Altamonte Springs, FL 32714
FACILITY: Sandalhaven WWT
6811 Placida Road
Englewood, FL 34224
LOCATION: COUNTY: Charlotte

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC:

NO DISCHARGE FROM SITE: ☒ From: 11-01-06 To: 11-30-06

PERMIT NUMBER: FLA014053
LIMIT: Final
CLASS SIZE: N/A
REPORT: Monthly
GROUP: Domestic

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	0.088					Ø	
Flow	0.086					Ø	
BOD, Carbonaceous 5 day, 20C	Sample		2.1			Ø	
BOD, Carbonaceous 5 day, 20C	Sample		< 2			Ø	
BOD, Carbonaceous 5 day, 20C	Sample		< 2			Ø	
Solids, Total Suspended	Sample		1.7			Ø	
pH	Sample		6.5			Ø	

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NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Patrick Godwin Lead Operator		697-4989	06/12/19

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Sandalhaven WWTP

MONITORING GROUP NUMBER: R-002

PERMIT NUMBER: FLA014053

MONITORING PERIOD From: 11-01-06 To: 11-30-06

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				< 1			0		
PERMITS 10050 MEASUREMENT	Requirement									
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.5			0		
PERMITS 10050 MEASUREMENT	Requirement									
Turbidity	Sample Measurement				1.61			0		
PERMITS 10070 MEASUREMENT	Requirement									
	Sample Measurement									
	Requirement									
	Sample Measurement									
	Requirement									
	Sample Measurement									
	Requirement									
	Sample Measurement									
	Requirement									
	Sample Measurement									
	Requirement									
	Sample Measurement									
	Requirement									
	Sample Measurement									
	Requirement									

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA014053

From: 11-01-06 To: 11-30-06

Facility: Sandalhaven WWTP

	Flow (MGD)	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	pH (SU)	TRC (For Disinfect.) (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	CBOD5 (MG/L)	TSS (MG/L)	
Code	50050	50050	80082	00530	00400	50060	74055	00620	80082	00530	
Mon. Site	OTH-1A	OTH-1B	INF-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	
1	0.085	Ø			6.6	1.5	<1				
2	0.089	Ø			6.7	1.5	<1				
3	0.087	Ø			6.6	2.4					
4	0.081	Ø			6.5	2.4					
5	0.083	Ø			6.5	2.3					
6	0.091	Ø			6.6	5.0	<1				
7	0.087	Ø			6.7	4.8	<1				
8	0.098	Ø	126	360	6.8	3.6	<1	.77	<2	<0.6	
9	0.093	Ø			6.8	5.0	<1				
10	0.084	Ø			6.8	4.6					
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12	0.074	Ø			6.6	3.9					
13	0.080	Ø			6.6	3.8	<1				
14	0.076	Ø			7.0	2.8	<1				
15	0.065	Ø			7.0	2.0	<1				
16	0.085	Ø			7.0	5.0	<1				
17	0.079	Ø			6.9	5.0					
18	0.093	Ø			6.8	1.5					
19	0.090	Ø			6.7	5.0					
20	0.098	Ø			7.0	5.0	<1				
21	0.084	Ø	140	252	7.0	5.0	<1	.74	<2	<0.6	
22	0.085	Ø			6.8	5.0	<1				
23	0.080	Ø			6.9	5.0					
24	0.084	Ø			6.7	1.8	<1				
25	0.082	Ø			6.7	4.1					
26	0.090	Ø			6.7	5.0					
27	0.084	Ø			6.8	4.1	<1				
28	0.086	Ø			6.9	5.0	<1				
29	0.117	Ø			6.8	3.0	<1				
30	0.081	Ø			6.8	4.3	<1				
31											
Total	2.575	Ø	266	612				1.51			
Mo. Avg.	0.086	Ø	133	306	6.7	3.8	<1	0.76	<2	<0.6	

PLANT STAFFING:

Day Shift Operator

Class:

C

Certificate No:

0013850

Name:

Michael Monat

Evening Shift Operator

Class:

C

Certificate No:

0013794

Name:

Ted Burleson

Night Shift Operator

Class:

Certificate No:

Name:

Lead Operator

Class:

B

Certificate No:

0007518

Name:

Patrick Godwin

Facility: Sandalhaven WWTP

[illegible]

PLANT STAFFING:

Day Shift Operator

Class:

C

Certificate No:

0013850

Name:

Michael Monat

Evening Shift Operator

Class:

C

Certificate No:

0013794

Name:

Ted Burleson

Night Shift Operator

Class:

Certificate No:

Name:

Patrick Godwin

Lead Operator

Class:

B

Certificate No:

0003518

Name: _____

Patrick Godwin

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P O Box 2549, Ft. Myers, FL, 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
MAILING ADDRESS: 200 Weathersfield Avenue
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PERMIT NUMBER: FLA014053

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Sandalhaven WWTP
LOCATION: 6811 Placida Road
Englewood, FL 34224

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

COUNTY: Charlotte

NO DISCHARGE FROM SITE: ☒

MONITORING PERIOD From: 11-01-06 To 11-30-06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.006				Ø		
Flow	Sample Measurement	Ø				Ø		
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.1		Ø		
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<2 <2 <2		Ø		
Solids, Total Suspended	Sample Measurement			0.69		Ø		
Solids, Total Suspended	Sample Measurement			<0.6 <0.6 <0.6		Ø		

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NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	6974797	06/12/19

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

FACILITY:

Sandalhaven WWTP

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: 11-01-06 To: 11-30-06

PERMIT NUMBER: FLA014053

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			6.5	7.0			Ø		
PARMICO 1000 MONITORING UNIT	Permit Requirement									
Coliform, Fecal	Sample Measurement			<1				Ø		
PARMICO 1000 MONITORING UNIT	Permit Requirement									
Coliform, Fecal	Sample Measurement			<1	<1	<1		Ø		
PARMICO 1000 MONITORING UNIT	Permit Requirement									
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.5				Ø		
PARMICO 1000 MONITORING UNIT	Permit Requirement									
Nitrogen, Nitrate, Total (as N)	Sample Measurement			0.77				Ø		
PARMICO 1000 MONITORING UNIT	Permit Requirement									
BOD, Carbonaceous 5 day, 20C	Sample Measurement			133				Ø		
PARMICO 1000 MONITORING UNIT	Permit Requirement									
Solids, Total Suspended	Sample Measurement			306				Ø		
PARMICO 1000 MONITORING UNIT	Permit Requirement									
	Sample Measurement							Ø		
	Permit Requirement									
	Sample Measurement							Ø		
	Permit Requirement									

ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P O Box 2549, Ft. Myers, FL, 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014053

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Sandalhaven WWTP
LOCATION: 6811 Placida Road
Englewood, FL 34224

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC:

COUNTY: Charlotte

NO DISCHARGE FROM SITE: ☒
MONITORING PERIOD From: 11-01-06 To: 11-30-06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.088				Ø		
Flow	Sample Measurement	0.086				Ø		
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.1		Ø		
BOD, Carbonaceous 5 day, 20C	Sample Measurement			< 2	< 2	Ø		
Solids, Total Suspended	Sample Measurement			1.7		Ø		
pH	Sample Measurement			6.5	7.0	Ø		

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	697-4989	06/12/19

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

[illegible]

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA014053

From: 11-01-06 To: 11-30-06

Facility: Sandalhaven WWTP

	Flow (MGD)	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	pH (SU)	TRC (For Disinfect.) (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	CBOD5 (MG/L)	TSS (MG/L)	
Code	50050	50050	80082	00530	00400	50060	74055	00620	80082	00530	
Mon. Site	OTH-1A	OTH-1B	INF-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	
1	0.085	Ø			6.6	1.5	<1				
2	0.089	Ø			6.7	1.5	<1				
3	0.087	Ø			6.6	2.4					
4	0.081	Ø			6.5	2.4					
5	0.083	Ø			6.5	2.3					
6	0.091	Ø			6.6	5.0	<1				
7	0.087	Ø			6.7	4.8	<1				
8	0.098	Ø	126	360	6.8	3.6	<1	.77	<2	<0.6	
9	0.093	Ø			6.8	5.0	<1				
10	0.084	Ø			6.8	4.6					
11	0.084	Ø			6.7	4.4					
12	0.074	Ø			6.6	3.9					
13	0.080	Ø			6.6	3.8	<1				
14	0.076	Ø			7.0	2.8	<1				
15	0.065	Ø			7.0	2.0	<1				
16	0.085	Ø			7.0	5.0	<1				
17	0.079	Ø			6.9	5.0					
18	0.093	Ø			6.8	1.5					
19	0.090	Ø			6.7	5.0					
20	0.098	Ø			7.0	5.0	<1				
21	0.084	Ø	140	252	7.0	5.0	<1	.74	<2	<0.6	
22	0.085	Ø			6.8	5.0	<1				
23	0.080	Ø			6.9	5.0					
24	0.084	Ø			6.7	1.8	<1				
25	0.082	Ø			6.7	4.1					
26	0.090	Ø			6.7	5.0					
27	0.084	Ø			6.8	4.1	<1				
28	0.086	Ø			6.9	5.0	<1				
29	0.117	Ø			6.8	3.0	<1				
30	0.081	Ø			6.8	4.3	<1				
31											
Total	2.575	Ø	266	612				1.51			
Mo. Avg.	0.086	Ø	133	306	6.7	3.8	<1	0.76	<2	<0.6	

PLANT STAFFING:

Day Shift Operator

Class:

C

Certificate No:

0013850

Name:

Michael Monat

Evening Shift Operator

Class:

C

Certificate No:

0013794

Name:

Ted Burleson

Night Shift Operator

Class:

B

Certificate No:

0007518

Name:

Patrick Godwin

Lead Operator

Class:

B

Certificate No:

0007518

Name:

Patrick Godwin

Facility: Sandalhaven WWTP

[illegible]

PLANT STAFFING:

Day Shift Operator

Class:

C

Certificate No:

0013850

Name: _____

Michael Monat

Evening Shift Operator

Class:

C

Certificate No:

0013794

Name:

Ted Burleson

Night Shift Operator

Class:

Certificate No:

Name:

Patrick Godwin

Lead Operator

Class:

B

Certificate No:

0007518

Name: _____

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P O Box 2549, Ft. Myers, FL, 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014053

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Sandalhaven WWTP
LOCATION: 6811 Placida Road
Englewood, FL 34224

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

COUNTY: Charlotte

NO DISCHARGE FROM SITE: ☒

MONITORING PERIOD From: 11-01-06 To 11-30-06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.006				Ø		
Flow	Sample Measurement	Ø				Ø		
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.1		Ø		
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<2 <2 <2		Ø		
Solids, Total Suspended	Sample Measurement			0.69		Ø		
Solids, Total Suspended	Sample Measurement			<0.6 <0.6 <0.6		Ø		

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	697-4797	06/12/19

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Sandhaven WWTP

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA014053

MONITORING PERIOD From: 11-01-06 To

11-30-06

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			6.5	7.0			Ø		
	Permit Requirement			(6.0-8.0)	(6.5-8.5)					
Coliform, Fecal	Sample Measurement			<1				Ø		
	Permit Requirement			(0)						
Coliform, Fecal	Sample Measurement			<1	<1	<1		Ø		
	Permit Requirement			(0)	(0)	(0)				
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.5				Ø		
	Permit Requirement			(0.5)						
Nitrogen, Nitrate, Total (as N)	Sample Measurement			0.77				Ø		
	Permit Requirement			(0.5)						
BOD, Carbonaceous 5 day, 20C	Sample Measurement			133				Ø		
	Permit Requirement			(50)						
Solids, Total Suspended	Sample Measurement			306				Ø		
	Permit Requirement			(50)						
	Sample Measurement							Ø		
	Permit Requirement									
	Sample Measurement							Ø		
	Permit Requirement									

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P O Box 2549, Ft. Myers, FL, 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014058

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Sandalhaven WWTP
LOCATION: 6811 Placida Road
Englewood, FL 34224

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC:

COUNTY: Charlotte

NO DISCHARGE FROM SITE: ☒
MONITORING PERIOD From: 11-01-06 To 11-30-06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.088				Ø		
Flow	Sample Measurement	0.086				Ø		
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.1		Ø		
BOD, Carbonaceous 5 day, 20C	Sample Measurement			< 2	< 2	< 2	Ø	
Solids, Total Suspended	Sample Measurement			1.7		Ø		
pH	Sample Measurement			6.5	7.0	Ø		

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	697-4989	06/12/19

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Sandalhaven WWTP

MONITORING GROUP NUMBER: R-002

PERMIT NUMBER: FLA014853

MONITORING PERIOD From: 11-01-06 To: 11-30-06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement			< 1		0		
Permit Requirement								
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.5		0		
Permit Requirement								
Turbidity	Sample Measurement			1.61		0		
Permit Requirement								
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA014053

From: 11-01-06

To: 11-30-06

Facility: Sandalhaven WWTP

	Flow (MGD)	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	pH (SU)	TRC (For Disinfect.) (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	CBOD5 (MG/L)	TSS (MG/L)	
Code	50050	50050	80082	00530	00400	50060	74055	00620	80082	00530	
Mon. Site	OTH-1A	OTH-1B	INF-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	
1	0.085	Ø			6.6	1.5	<1				
2	0.089	Ø			6.7	1.5	<1				
3	0.087	Ø			6.6	2.4					
4	0.081	Ø			6.5	2.4					
5	0.083	Ø			6.5	2.3					
6	0.091	Ø			6.6	5.0	<1				
7	0.087	Ø			6.7	4.8	<1				
8	0.098	Ø	126	360	6.8	3.6	<1	.77	<2	<0.6	
9	0.093	Ø			6.8	5.0	<1				
10	0.084	Ø			6.8	4.6					
11	0.084	Ø			6.7	4.4					
12	0.074	Ø			6.6	3.9					
13	0.080	Ø			6.6	3.8	<1				
14	0.076	Ø			7.0	2.8	<1				
15	0.065	Ø			7.0	2.0	<1				
16	0.085	Ø			7.0	5.0	<1				
17	0.079	Ø			6.9	5.0					
18	0.093	Ø			6.8	1.5					
19	0.090	Ø			6.7	5.0					
20	0.098	Ø			7.0	5.0	<1				
21	0.084	Ø	140	252	7.0	5.0	<1	.74	<2	<0.6	
22	0.085	Ø			6.8	5.0	<1				
23	0.080	Ø			6.9	5.0					
24	0.084	Ø			6.7	1.8	<1				
25	0.082	Ø			6.7	4.1					
26	0.090	Ø			6.7	5.0					
27	0.084	Ø			6.8	4.1	<1				
28	0.086	Ø			6.9	5.0	<1				
29	0.117	Ø			6.8	3.0	<1				
30	0.081	Ø			6.8	4.3	<1				
31											
Total	2.575	Ø	266	612				1.51			
Mo. Avg	0.086	Ø	133	306	6.7	3.8	<1	0.76	<2	<0.6	

PLANT STAFFING:

Day Shift Operator

Class:

C

Certificate No:

0013850

Name:

Michael Monat

Evening Shift Operator

Class:

C

Certificate No:

0013794

Name:

Ted Burleson

Night Shift Operator

Class:

Certificate No:

Name:

Lead Operator

Class:

B

Certificate No:

0007518

Name:

Patrick Godwin

Permit Number: FLA014053
Monitoring Period From: 11-01-06 To: 11-30-06 Facility: Sandalhaven WWTP

PLANT STAFFING:				
Day Shift Operator	Class:	<u>C</u>	Certificate No:	<u>0013850</u> Name: <u>Michael Monat</u>
Evening Shift Operator	Class:	<u>C</u>	Certificate No:	<u>0013794</u> Name: <u>Ted Burleson</u>
Night Shift Operator	Class:		Certificate No:	
Lead Operator	Class:	<u>B</u>	Certificate No:	<u>0007518</u> Name: <u>Patrick Godwin</u>

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2549, Ft. Myers, FL, 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014053

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Sandalhaven WWTP
LOCATION: 6811 Placida Road
Englewood, FL 34224

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

COUNTY: Charlotte

NO DISCHARGE FROM SITE: ☒

MONITORING PERIOD From: 11-01-06 To 11-30-06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.006				0		
Flow	Sample Measurement	0				0		
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.1		0		
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<2 <2 <2		0		
Solids, Total Suspended	Sample Measurement			0.69		0		
Solids, Total Suspended	Sample Measurement			<0.6 <0.6 <0.6		0		

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	697-4797	06/12/19

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

Sandallhaven WWTP

NUMBER: P 001

100

10

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement		6.5	7.0	Ø		
Coliform, Fecal	Sample Measurement		<1		Ø		
Coliform, Fecal	Sample Measurement		<1	<1	Ø		
Disinfection	Sample Measurement		1.5		Ø		
Nitrogen, Nitrate, Total (as N)	Sample Measurement		0.77		Ø		
BOD, Carbonaceous 5 day, 20C	Sample Measurement		133		Ø		
Solids, Total Suspended	Sample Measurement		306		Ø		
	Sample Measurement				Ø		
	Sample Measurement				Ø		
	Sample Measurement				Ø		

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P O Box 2549, Ft. Myers, FL, 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014053

LIMIT: Final
CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

FACILITY: Sandalhaven WWTP
LOCATION: 6811 Placida Road
Englewood, FL 34224

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC:

COUNTY: Charlotte

NO DISCHARGE FROM SITE: ☒
MONITORING PERIOD From: 11-01-06 To: 11-30-06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.088				Ø		
Flow	Sample Measurement	0.086				Ø		
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.1		Ø		
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<2 <2 <2		Ø		
Solids, Total Suspended	Sample Measurement			1.7		Ø		
pH	Sample Measurement			6.5 7.0		Ø		

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	697-4989	06/12/19

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

U.S. DEPARTMENT OF JUSTICE

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA014053

From: 11-01-06

To: 11-30-06

Facility: Sandalhaven WWTP

	Flow (MGD)	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	pH (SU)	TRC (For Disinfect.) (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	CBOD5 (MG/L)	TSS (MG/L)	
Code	50050	50050	80082	00530	00400	50060	74055	00620	80082	00530	
Mon. Site	OTH-1A	OTH-1B	INF-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	
1	0.085	Ø			6.6	1.5	<1				
2	0.089	Ø			6.7	1.5	<1				
3	0.087	Ø			6.6	2.4					
4	0.081	Ø			6.5	2.4					
5	0.083	Ø			6.5	2.3					
6	0.091	Ø			6.6	5.0	<1				
7	0.087	Ø			6.7	4.8	<1				
8	0.098	Ø	126	360	6.8	3.6	<1	.77	<2	<0.6	
9	0.093	Ø			6.8	5.0	<1				
10	0.084	Ø			6.8	4.6					
11	0.084	Ø			6.7	4.4					
12	0.074	Ø			6.6	3.9					
13	0.080	Ø			6.6	3.8	<1				
14	0.076	Ø			7.0	2.8	<1				
15	0.065	Ø			7.0	2.0	<1				
16	0.085	Ø			7.0	5.0	<1				
17	0.079	Ø			6.9	5.0					
18	0.093	Ø			6.8	1.5					
19	0.090	Ø			6.7	5.0					
20	0.098	Ø			7.0	5.0	<1				
21	0.084	Ø	140	252	7.0	5.0	<1	.74	<2	<0.6	
22	0.085	Ø			6.8	5.0	<1				
23	0.080	Ø			6.9	5.0					
24	0.084	Ø			6.7	1.8	<1				
25	0.082	Ø			6.7	4.1					
26	0.090	Ø			6.7	5.0					
27	0.084	Ø			6.8	4.1	<1				
28	0.086	Ø			6.9	5.0	<1				
29	0.117	Ø			6.8	3.0	<1				
30	0.081	Ø			6.8	4.3	<1				
31											
Total	2.575	Ø	266	612				1.51			
Mo. Avg.	0.086	Ø	133	306	6.7	3.8	<1	0.76	<2	<0.6	

PLANT STAFFING:

Day Shift Operator

Class:

C

Certificate No:

0013850

Name:

Michael Monat

Evening Shift Operator

Class:

C

Certificate No:

0013794

Name:

Ted Burleson

Night Shift Operator

Class:

B

Certificate No:

0007518

Name:

Patrick Godwin

Lead Operator

Class:

B

Certificate No:

0007518

Name:

Patrick Godwin

Facility: Sandalhaven WWTP

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2549, Ft. Myers, FL, 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014053

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Sandalhaven WWTP
LOCATION: 6811 Placida Road
Englewood, FL 34224

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

COUNTY: Charlotte

NO DISCHARGE FROM SITE: ☒
MONITORING PERIOD From: 11-01-06 To: 11-30-06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.006				0		
Flow	Sample Measurement	0				0		
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.1		0		
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<2 <2 <2		0		
Solids, Total Suspended	Sample Measurement			0.69		0		
Solids, Total Suspended	Sample Measurement			<0.6 <0.6 <0.6		0		

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	697-4797	06/12/19

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Sandalhaven WWTP

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA014053

MONITORING PERIOD From: 11-01-06 To

11-30-06

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			6.5	7.0			Ø		
	Sample Measurement									
Coliform, Fecal	Sample Measurement			<1				Ø		
	Sample Measurement									
Coliform, Fecal	Sample Measurement			<1	<1	<1		Ø		
	Sample Measurement									
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.5				Ø		
	Sample Measurement									
Nitrogen, Nitrate, Total (as N)	Sample Measurement			0.77				Ø		
	Sample Measurement									
BOD, Carbonaceous 5 day, 20C	Sample Measurement			133				Ø		
	Sample Measurement									
Solids, Total Suspended	Sample Measurement			306				Ø		
	Sample Measurement									
	Sample Measurement							Ø		
	Sample Measurement									
	Sample Measurement							Ø		
	Sample Measurement									

WASTEWATER TREATMENT PLANT PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P O Box 2549, Ft. Myers, FL, 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014053

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Sandalhaven WWTP
LOCATION: 6811 Placida Road
Englewood, FL 34224

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC:

COUNTY: Charlotte

NO DISCHARGE FROM SITE: ☒

MONITORING PERIOD From: 11-01-06 To: 11-30-06

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.088							Ø		
PAR 100-100-100	Requirement										
Flow	Sample Measurement	0.086							Ø		
PAR 100-100-100	Requirement										
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.1				Ø		
PAR 100-100-100	Requirement										
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2	<2	<2		Ø		
PAR 100-100-100	Requirement										
Solids, Total Suspended	Sample Measurement				1.7				Ø		
PAR 100-100-100	Requirement										
pH	Sample Measurement				6.5	7.0			Ø		
PAR 100-100-100	Requirement										

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	697-4989	06/12/19

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Sandalhaven WWTP

MONITORING GROUP NUMBER: R-002

PERMIT NUMBER: FLA014853

MONITORING PERIOD From: 11-01-06 To: 11-30-06

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				< 1			0		
Permit Requirement	Permit Requirement									
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.5			0		
Permit Requirement	Permit Requirement									
Turbidity	Sample Measurement				1.61			0		
Permit Requirement	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA014053
From:

11-01-06

To: 11-30-06

Facility: Sandalhaven WWTP

	Flow (MGD)	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	pH (SU)	TRC (For Disinfect.) (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	CBOD5 (MG/L)	TSS (MG/L)	
Code	50050	50050	80082	00530	00400	50060	74055	00620	80082	00530	
Mon. Site	OTH-1A	OTH-1B	INF-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	
1	0.085	Ø			6.6	1.5	<1				
2	0.089	Ø			6.7	1.5	<1				
3	0.087	Ø			6.6	2.4					
4	0.081	Ø			6.5	2.4					
5	0.083	Ø			6.5	2.3					
6	0.091	Ø			6.6	5.0	<1				
7	0.087	Ø			6.7	4.8	<1				
8	0.098	Ø	126	360	6.8	3.6	<1	.77	<2	<0.6	
9	0.093	Ø			6.8	5.0	<1				
10	0.084	Ø			6.8	4.6					
11	0.084	Ø			6.7	4.4					
12	0.074	Ø			6.6	3.9					
13	0.080	Ø			6.6	3.8	<1				
14	0.076	Ø			7.0	2.8	<1				
15	0.065	Ø			7.0	2.0	<1				
16	0.085	Ø			7.0	5.0	<1				
17	0.079	Ø			6.9	5.0					
18	0.093	Ø			6.8	1.5					
19	0.090	Ø			6.7	5.0					
20	0.098	Ø			7.0	5.0	<1				
21	0.084	Ø	140	252	7.0	5.0	<1	.74	<2	<0.6	
22	0.085	Ø			6.8	5.0	<1				
23	0.080	Ø			6.9	5.0					
24	0.084	Ø			6.7	1.8	<1				
25	0.082	Ø			6.7	4.1					
26	0.090	Ø			6.7	5.0					
27	0.084	Ø			6.8	4.1	<1				
28	0.086	Ø			6.9	5.0	<1				
29	0.117	Ø			6.8	3.0	<1				
30	0.081	Ø			6.8	4.3	<1				
31											
Total	2.575	Ø	266	612				1.51			
Mo. Avg.	0.086	Ø	133	306	6.7	3.8	<1	0.76	<2	<0.6	

PLANT STAFFING:

Day Shift Operator

Class:

C

Certificate No:

0013850

Name:

Michael Monat

Evening Shift Operator

Class:

C

Certificate No:

0013794

Name:

Ted Burleson

Night Shift Operator

Class:

B

Certificate No:

0007518

Name:

Patrick Godwin

Lead Operator

Class:

B

Certificate No:

0007518

Name:

Patrick Godwin

Facility: Sandalhaven WWTP

[illegible]

PLANT STAFFING:

Day Shift Operator

Class:

C

Certificate No:

0013850

Name:

Michael Monat

Evening Shift Operator

Class:

C

Certificate No:

0013794

Name:

Ted Burleson

Night Shift Operator

Class:

Certificate No:

Name:

Lead Operator

Class:

B

Certificate No:

0007518

Name:

Patrick Godwin

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FILE COPY

690

When Completed Mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2549, Ft. Myers, FL 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014053

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Sandalhaven WWTP
LOCATION: 6811 Placida Road
Englewood, FL 34224

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: including Influent

COUNTY: Charlotte

NO DISCHARGE FROM SITE: ☒

MONITORING PERIOD From: 10-01-06 To 10-31-06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	2006				0		
PARM Code 50050 Y Mon. Site No. OTH-1B	Permit Requirement	0.15 (An. Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0				0		
PARM Code 50050 P Mon. Site No. OTH-1B	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.1		0		
PARM Code 80082 Y Mon. Site No. EPA-1	Permit Requirement			20.0 (An. Avg.)	MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<2		0		
PARM Code 80082 A Mon. Site No. EPA-1	Permit Requirement			30.0 (Mo. Avg.)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			0.69		0		
PARM Code 00530 Y Mon. Site No. EPA-1	Permit Requirement			20.0 (An. Avg.)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			0.85		0		
PARM Code 00530 A Mon. Site No. EPA-1	Permit Requirement			30.0 (Mo. Avg.)	MG/L		Every Two Weeks	8-hr. FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	697-4797	06-11-25

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Sandalhaven WWTP

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: 10-01-06 To:

PERMIT NUMBER: FLA014053

10-31-06

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				6.4	6.8			Ø		
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1.6				Ø		
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement				200 (Ar. Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				<1	<1	<1		Ø		
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement				Report (Mo. Geo. Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			*	0.9				Ø		
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement				0.5 (Min.)			MGL		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				0.61				Ø		
PARM Code 00620 A Mon. Site No. EFA-1	Permit Requirement				12.0 (Max.)			MGL		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				117				Ø		
PARM Code 80082 G Mon. Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			MGL		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				178				Ø		
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			MGL		Every Two Weeks	8-hr. FPC
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

* 10-10-06 Cl₂ Dropped to 0.9 for about 15 min's } because of high flow

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
MAILING ADDRESS: 200 Weatherford Avenue
Aurora Springs, FL 32714FACILITY: Sandalhaven WWTP
LOCATION: 6811 Placida Road
Englewood, FL 34224

PERMIT NUMBER: F14014053

LIKELY
CLASS SIZE:Local
N/AREPORT
CATEGORY:Monthly
DomesticMONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC:

COUNTY: Charlotte

NO DISCHARGE FROM SITE: ☒
MONITORING PERIOD From: 10-01-06 To: 10-31-06

Parameter	Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
	Sample Measurement	Permit Requirement		Sample Measurement	Permit Requirement				
Flow PARAM Code 50050 Y Mon. Site No. OTH-1A	0.088	0.10 (An. Avg.)	MGD				0	5 Days/Week	Flow Totalizer
Flow PARAM Code 50050 P Mon. Site No. OTH-1A	0.071	Report (Mo. Avg.)	MGD				0		
BOD, Carbonaceous 5 day, 20C PARAM Code 80082 Y Mon. Site No. EPA-1				2.1	20.0 (An. Avg.)		0	5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C PARAM Code 80082 A Mon. Site No. EPA-1				<2	<2	MG/L	0	Every Two Weeks	8-hr. FPC
Solids, Total Suspended PARAM Code 00530 B Mon. Site No. EFB-1				0.9	30.0 (Mo. Avg.)	MG/L	0	Every Two Weeks	8-hr. FPC
pH PARAM Code 00400 A Mon. Site No. EPA-1				6.4	5.0 (Max.)	MG/L	0	4 Days/Week	Grab
				6.8	8.5 (Max.)	SU	0	5 Days/Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	6974797	06-11-25

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

MONITORING GROUP NUMBER: R-002

MONITORING PERIOD

From 10-01-06

To

PERMIT NUMBER: 11-A040153

10-31-06

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Total	Sample Measurement				2			Ø		
PARM Code 74055 A	Permit Requirement				25 (Max.)		#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.9			Ø		
PARM Code 50060 A	Permit Requirement				1.0 (Min.)		MGL		Continuous	Grab
Turbidity	Sample Measurement				2.90			Ø		
PARM Code 09070 B	Permit Requirement				(Max)		NTU		Continuous	Meter
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

Permit Number:
Monitoring Period:

Fractals:

FD-01-06

To: 10-31-06

Facility:

Sandhaven WWTP

[illegible]

PLANT STAFFING:

Day Shift Operator

CIRCS:

4

Certificate No:

Name: _____

Michael Monat

Evening Shift Operator

Class:

2

Certificate No:

NAME: _____

Ted Burleson

Night Shift Operator

Class:

Certificate No:

Name: _____

Patrick Godwin

Lead Operator

Class:

B

Certificate No:

Name: _____

Patrick Godwin

Permit Number:
Monitoring Period

PLA014053
From: 10-01-06

To: 10-31-06

Facility:

Sandellhaven WWTP

DAILY SAMPLE RESULTS - PART B

	Flow (MGD)	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	pH (SU)	TRC (for Disinfect.) (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	CBOD5 (MG/L)	TSS (MG/L)
Mon. Site	OTH-1A	OTH-1B	INF-1	INF-1	EPA-1	EPA-1	EPA-1	EPA-1	EPA-1	EPA-1
1	0.074	0			6.7	1.2				
2	0.073	0			6.6	5.0	<1			
3	0.070	0			6.7	5.0	<1			
4	0.082	0			6.8	4.7	<1			
5	0.069	0			6.7	5.0	<1			
6	0.070	0			6.7	5.0				
7	0.067	0			6.5	2.5				
8	0.063	0			6.5	4.0				
9	0.075	0			6.6	1.7	<1			
10	0.068	0	96	170	6.6	0.9	<1	0.61	<2	<0.6
11	0.063	0			6.6	2.8	<1			
12	0.065	0			6.6	4.2	<1			
13	0.064	0			6.6	1.9				
14	0.061	0			6.5	3.0				
15	0.066	0			6.5	2.7				
16	0.070	0			6.6	2.0	<1			
17	0.069	0			6.6	2.5	<1			
18	0.050	0			6.7	1.8	<1			
19	0.069	0			6.7	1.1	<1			
20	0.076	0			6.7	1.0				
21	0.072	0			6.7	3.1				
22	0.061	0			6.7	1.3				
23	0.062	0			6.6	2.8				
24	0.067	0	138	186	6.8	2.5		0.23	<2	1.1
25	0.062	0			6.8	1.6	2			
26	0.067	0			6.7	5.0	<1			
27	0.076	0			6.8	1.2	<1			
28	0.060	0			6.7	1.1	<1			
29	0.086	0			6.7	1.3				
30	0.085	0			6.4	1.3	<1			
31	0.087	0			6.7	1.5	<1			
Total	2.186	0						.84		
Mo. Avg.	0.071	0	117	178	6.6	2.6	<1	.42	<2	.85

PLANT STAFFING:

Day Shift Operator
Evening Shift Operator
Night Shift Operator
Lead Operator

Class: C Certificate No: 0013850
Class: C Certificate No: 0063794
Class: B Certificate No: 0007518

Name: Michael Mount
Name: Ted Swaleson
Name: Patrick Godwin

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 3549, Ft. Myers, FL, 33902-3549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

FACILITY: Sandalhaven WWTP
LOCATION: 6811 Placida Road
Englewood, FL 34224

COUNTY: Charlotte

REPORT
GROUP: Monthly
Domestic

PERMIT NUMBER: FLA014053

LIMIT: Final
CLASS SIZE: N/A

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: including Influent

NO DISCHARGE FROM SITE ☒
MONITORING PERIOD From: 09-01-06 To: 09-30-06

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Permit	0.006						
PARM Code 50050 Y Mon. Site No. OTH-1B	Requirement	0.15 (An. Avg.)	MGD					
Flow	Sample	0					5 Days/Week	Flow Totalizer
PARM Code 50050 P Mon. Site No. OTH-1B	Measurement							
BOD, Carbonaceous 5 day, 20C	Permit	Report	MGD					
	Requirement	(Mo. Avg.)					5 Days/Week	Flow Totalizer
PARM Code 80082 Y Mon. Site No. EPA-1	Sample			2.1				
BOD, Carbonaceous 5 day, 20C	Measurement			20.0 (An. Avg.)				
	Permit						Every Two Weeks	8-hr. FPC
	Requirement							
PARM Code 80082 A Mon. Site No. EPA-1	Sample			<2				
Solids, Total Suspended	Measurement			30.0 (Mo. Avg.)				
	Permit			45.0 (Weekly Avg.)			Every Two Weeks	8-hr. FPC
	Requirement			60 (Max)				
PARM Code 00530 Y Mon. Site No. EPA-1	Sample			-68				
Solids, Total Suspended	Measurement			20.0 (An. Avg.)				
	Permit						Every Two Weeks	8-hr. FPC
	Requirement							
PARM Code 00530 A Mon. Site No. EPA-1	Sample			<0.6				
Solids, Total Suspended	Measurement			30.0 (Mo. Avg.)				
	Permit			45.0 (Weekly Avg.)			Every Two Weeks	8-hr. FPC
	Requirement			60 (Max)				

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YYMMDD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	697-4797	06-10-20

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

DISCHARGE MONITORING REPORT - PART A (Continued)

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD

From:

09-01-06

To

PERMIT NUMBER: FLA011053

09-30-06

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			6.4	6.8					
PARM Code 00400 A Mon. Site No. EPA-1	Permit Requirement			6.0 (Min.)	8.5 (Max.)		SI	Ø	5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			<1				Ø		
PARM Code 74055 Y Mon. Site No. EPA-1	Permit Requirement			200 (Ar. Avg.)			#100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement			<1	<1	<1		Ø		
PARM Code 74055 A Mon. Site No. EPA-1	Permit Requirement			Report (Mo. Geo. Mean)	400 (90%)	800 (Max.)	#100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement		*	0.8				Ø		
PARM Code 50060 A Mon. Site No. EPA-1	Permit Requirement			0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			6.18				Ø		
PARM Code 00620 A Mon. Site No. EPA-1	Permit Requirement			12.0 (Max.)			MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			51				Ø		
PARM Code 80082 G Mon. Site No. INF-1	Permit Requirement			Report (Mo. Avg.)			MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			69.5				Ø		
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement			Report (Mo. Avg.)			MG/L		Every Two Weeks	8-hr. FPC
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

* 09-19-06 Cl₂ Dropped to 0.8 for about mins } Because of

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed, mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2549, Ft. Myers, FL 33902-2549

PERMITTEE NAME: Earthlink Incorporated of Sandalhaven
MAILING ADDRESS: 300 Weathersfield Avenue
Atlantic Springs, FL 32711

PERMIT NUMBER: FLAD0051

TIME: Final
CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

FACILITY: Sandalhaven WWTP
LOCATION: 4811 Florida Road
Englewood, FL 34224

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC:

COUNTY: Charlotte

NO DISCHARGE FROM SITE: ☒
MONITORING PERIOD From: 09-01-06 To: 09-30-06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.090				Ø		
PARM Code 50050 Y	Permit Requirement	0.10 (An.Avg.)	MGD				5 Days/Week	Flow Totalizer
Mon.Site No. OTH-1A	Sample Measurement	0.100				Ø		
Flow	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow Totalizer
PARM Code 50050 P	Sample Measurement					Ø		
Mon.Site No. OTH-1A	Permit Requirement							
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.1		Ø		
PARM Code 80082 Y	Permit Requirement			20.0 (An.Avg.)	MG/L		Every Two Weeks	8-hr. FPC
Mon.Site No. EFA-1	Sample Measurement			< 2		Ø		
BOD, Carbonaceous 5 day, 20C	Permit Requirement			30.0 (Mo.Avg.)	MG/L		Every Two Weeks	8-hr. FPC
PARM Code 80082 A	Sample Measurement			45.0 (Weekly Avg.)		Ø		
Mon.Site No. EFA-1	Permit Requirement			60 (Max)				
Solids, Total Suspended	Sample Measurement			2.1		Ø		
PARM Code 00530 B	Permit Requirement			5.0 (Max)	MG/L		4 Days/Week	Grab
Mon.Site No. EFB-1	Sample Measurement			6.4		Ø		
pH	Permit Requirement			6.8				
PARM Code 00400 A	Sample Measurement			6.0 (Min.)	SH		5 Days/Week	Grab
Mon.Site No. EFA-1	Permit Requirement			8.5 (Max.)				

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YYMMDD)
Patrick Godwin Lead Operator	Patrick Godwin	697-4797	06-10-20

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

DAILY SAMPLE RESULTS - PART B

Permit Number
Monitoring Period

FLA014053

From: 09-01-06 To: 09-30-06

Facility: Sandalhaven WWTP

	Flow (MGD)	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	pH (SU)	TRC (For Disinfect.) (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	CBOD5 (MG/L)	TSS (MG/L)	
Code	50050	50050	80082	00530	00400	50060	74055	00620	80082	00530	
Mon. Site	OTH-1A	OTH-1B	INF-1	INF-1	BFA-1	BFA-1	EFA-1	BFA-1	BFA-1	EFA-1	
1	0.127	0			6.7	1.4					
2	0.130	0			6.7	1.6					
3	0.143	0			6.7	1.4					
4	0.119	0			6.7	2.1					
5	0.097	0			6.7	1.8	<1				
6	0.105	0			6.7	1.5	<1				
7	0.085	0			6.7	3.5	<1				
8	0.093	0			6.7	3.5	<1				
9	0.080	0			6.4	3.5					
10	0.080	0			6.5	5.0					
11	0.072	0			6.6	5.0	<1				
12	0.085	0	68	85	6.7	4.5	<1	6.18	<2	<0.6	
13	0.098	0			6.7	4.5	<1				
14	0.109	0			6.7	5.0	<1				
15	0.094	0			6.6	5.0					
16	0.089	0			6.5	4.8					
17	0.082	0			6.6	5.0					
18	0.089	0			6.7	2.6	<1				
19	0.111	0			6.7	0.8	<1				
20	0.152	0			6.8	1.0	<1				
21	0.110	0			6.7	4.1	<1				
22	0.113	0			6.7	2.8					
23	0.111	0			6.5	2.8					
24	0.094	0			6.5	1.5					
25	0.084	0			6.6	2.2	<1				
26	0.102	0	34	54.0	6.7	5.0	<1	4.83	<2	<0.6	
27	0.103	0			6.7	5.0	<1				
28	0.085	0			6.7	3.8	<1				
29	0.086	0			6.7	5.0					
30	0.067	0			6.7	5.0					
31					6.7	5.0					
Total	2.995	0									
Mo. Avg.	0.100	0	51	69.5	6.7	3.4	<1	5.51	<2	<0.6	

PLANT STAFFING:

Day Shift Operator

Class: C

Certificate No:

0013850

Name:

Michael Monat

Evening Shift Operator

Class: C

Certificate No:

0013794

Name:

Ted Burleson

Night Shift Operator

Class: B

Certificate No:

0007518

Name:

Patrick Godwin

Lead Operator

Class: B

Certificate No:

0007518

Name:

Patrick Godwin

08/24/2006 09:41

4078928951

UTILITIES INC OF FL

UTILITIES, INC. OF FLORIDA
AN AFFILIATE OF UTILITIES, INC.
100 WEATHERFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

CORPORATE OFFICES:
2335 Sanders Road
Northbrook, Illinois 60062
Telephone: 847-493-6440

Telephone: 407-809-1919
Florida: 800-272-1919
Fax: 407-809-6961
Sendto:utilitesinc-usa.com

Fax Transmittal

To: Wanda Date: _____
Company: SANDALHAVEN Fax #: 941-692-8959
From: Lennie Godwin Pages: 1 including this cover page.
Subject: DMR for the Month

☒ URGENT ☐ For Your Review ☐ For your information ☐ Please Reply
☐ As Requested ☐ Please Comment

Original: ☐ will not be sent via U.S. Mail

**Utilities, Inc.****Message:**

This message is for the named person's use only. It may contain sensitive, private or privileged information. No confidentiality or privilege is waived or lost by any re-transmission. If you are not the intended recipient, please notify the sender immediately at the telephone number listed above. It is also requested that you immediately read the transmission in its entirety above. You must not, directly or indirectly, use, disclose, distribute, print or copy any part of this message if you are not the intended recipient. Thank you.

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2549, Ft. Myers, FL 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
MAILING ADDRESS: 209 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014053

LIMIT: Final
CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

FACILITY: Sandalhaven WWTP
LOCATION: 6811 Placida Road
Englewood, FL 34224

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: including Influent

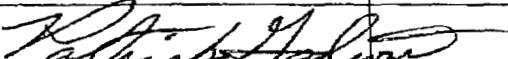
COUNTY: Charlotte

NO DISCHARGE FROM SITE: ☒
MONITORING PERIOD From: 08-01-06 To 08-31-06

FILE COPY

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.006				Ø		
PARM Code 50050 Y Mon. Site No. OTH-1B	Permit Requirement	0.15 (An. Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow	Sample Measurement	Ø				Ø		
PARM Code 50050 P Mon. Site No. OTH-1B	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.1		Ø		
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)	MGL		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<2	<2	<2	Ø	
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement			30.0 (Mo. Avg.)	45.0 (Weekly Avg.)	60 (Max)	Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			0.7		Ø		
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)		MGL	Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			<2		Ø		
PARM Code 00530 A Mon. Site No. EFA-1	Permit Requirement			30.0 (Mo. Avg.)	45.0 (Weekly Avg.)	60 (Max)	Every Two Weeks	8-hr. FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Patrick Godwin Lead Operator		697-4797	06-09-22

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY:

Sandalhaven WWTP

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: 08-01-06 To: 08-31-06

PERMIT NUMBER: FLA014053

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			6.3	7.0			Ø		
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement			6.0 (Min.)	8.5 (Max.)		SD		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			<1				Ø		
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement			200 (Ar. Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement			<1	<1	<1		Ø		
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement			Report (Mo. Geo. Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			0.7				Ø		
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement			0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			6.56				Ø		
PARM Code 00620 A Mon. Site No. EFA-1	Permit Requirement			12.0 (Max.)			MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			112				Ø		
PARM Code 80082 G Mon. Site No. INF-1	Permit Requirement			Report (Mo. Avg.)			MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			97				Ø		
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement			Report (Mo. Avg.)			MG/L		Every Two Weeks	8-hr. FPC
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

* 08-15-06 Cl₂ Dropped to 0.7 for about 5 min's
 * 08-17-06 Cl₂ Dropped to 0.8 for about 5 min's.

} Because of high flow (Rain)

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report for Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2519, Ft. Myers, FL 33902-2519

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014051

LIMIT: Final
CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

FACILITY: Sandalhaven WWTP
LOCATION: 6811 Florida Road
Englewood, FL 34224

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC:

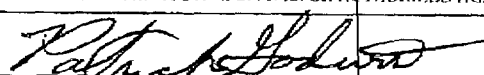
COUNTY: Charlotte

NO DISCHARGE FROM SITE: ☒

MONITORING PERIOD From: 08-01-06 To 08-31-06

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.087							Ø		
PARM Code 50050 Y Mon. Site No. OTH-1A	Permit Requirement	0.10 (An. Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0.102							Ø		
PARM Code 50050 P Mon. Site No. OTH-1A	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.1				Ø		
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2	<2	<2		Ø		
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	45.0 (Weekly Avg.)	60 (Max.)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				<0.6				Ø		
PARM Code 00530 B Mon. Site No. EFB-1	Permit Requirement				5.0 (Max.)			MG/L		4 Days/Week	Grab
pH	Sample Measurement				6.3	7.0			Ø		
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Patrick Godwin Lead Operator		697-4797	06-09-22

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY Sandhaven WWTP

MONITORING GROUP NUMBER R400
MONITORING PERIOD From 08-01-06 To 08-31-06

PERMIT NUMBER 11-A-110-3

Parameter	Sample Measurement	Quantity or Loading		Units	Quality or Concentration		Units	No. T/A	Frequency of Analysis	Sample Type
Coliform, Fecal PARM Code 74055 A Mon. Site No. EFA-1 Total Residual Chlorine (100 Disinfection) PARM Code 50060 A Mon. Site No. EFA-1	Sample Measurement				<1					
	Permit Requirement				25 (Max.)				4 Days/Week	Grab
	Sample Measurement				0.7					
	Permit Requirement				1.0 (Min.)				Continuous	Grab
Turbidity PARM Code 00070 B Mon. Site No. EFB-1	Sample Measurement				1.02					
	Permit Requirement				(Max.)				Continuous	Meter
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
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	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA014053
From:

8-01-06

To: 8-31-06

Facility: Sandalhaven WWTP

	Flow (MGD)	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	pH (SU)	TRC (For Disinfect.) (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	CBOD5 (MG/L)	TSS (MG/L)
Code	50050	50050	80082	00530	00400	50060	74055	00620	80082	00530
Mon. Site	OTH-1A	OTH-1B	INR-1	INR-1	EPA-1	EPA-1	EPA-1	EPA-1	EPA-1	EPA-1
1	0.072	Ø	42	54.0	7.0	5.0	<1	0.61	<2	<0.6
2	0.081	Ø			6.8	3.4	<1			
3	0.080	Ø			6.8	1.3	<1			
4	0.101	Ø			6.7	1.8				
5	0.088	Ø			6.5	2.5				
6	0.091	Ø			6.5	2.9				
7	0.101	Ø			6.6	5.0	<1			
8	0.095	Ø			6.6	5.0	<1			
9	0.098	Ø			6.6	1.0	<1			
10	0.089	Ø			6.6	5.0	<1			
11	0.078	Ø			6.6	1.0				
12	0.071	Ø			6.5	2.6				
13	0.078	Ø			6.5	5.0				
14	0.153	Ø			6.6	5.0	<1			
15	0.111	Ø	229	82	6.7	0.7	<1	1.39	<2	<0.6
16	0.108	Ø			6.8	1.0	<1			
17	0.103	Ø			6.8	0.8	<1			
18	0.103	Ø			6.7	4.2				
19	0.098	Ø			6.6	4.3				
20	0.087	Ø			6.5	4.6				
21	0.087	Ø			6.6	1.0	<1			
22	0.086	Ø			6.6	1.2	<1			
23	0.079	Ø			6.7	5.0	<1			
24	0.104	Ø			6.7	5.0	<1			
25	0.242	Ø			6.7	1.3				
26	0.138	Ø			6.3	5.0				
27	0.121	Ø			6.6	2.5				
28	0.100	Ø			6.8	2.3	<1			
29	0.097	Ø	64	155	6.6	4.0	<1	6.56	<2	<0.6
30	0.095	Ø			6.6	5.0	<1			
31	0.126	Ø			6.7	1.7	<1			
Total	3.161	Ø								
Mo. Avg.	0.102	Ø	112	97	6.6	3.1	<1	2.85	<2	<0.6

PLANT STAFFING:

Day Shift Operator

Class:

C

Certificate No:

0013850

Name:

Michael Monat

Evening Shift Operator

Class:

C

Certificate No:

0013794

Name:

Ted Burleson

Night Shift Operator

Class:

B

Certificate No:

0007518

Name:

Patrick Godwin

Lead Operator

Class:

B

Certificate No:

0007518

Name:

Patrick Godwin

09/24/2006 08:41 4078696961

UTILITIES INC OF FL

UTILITIES, INC. OF FLORIDA
AN AFFILIATE OF UTILITIES, INC.
300 WEATHERFIELD AVENUE
ALTA MONTE SPRINGS, FLORIDA 32714**CORPORATE OFFICES:**
2535 Sanders Road
Northbrook, Illinois 60062
Telephone: 847-499-6440Telephone: 407-869-1919
Florida: 800-272-1919
Fax: 407-869-6961
Sendto@utilfla-inc-usa.com**Fax Transmittal**To: WandaDate: Company: SANDALHAVENFax #: 941-697-8959From: Lennie GodwinPages: 1 including this cover page.Subject: DMR for the Month☒ URGENT
☐ As Requested☐ For Your Review
☐ Please Comment☐ For your information☐ Please
ReplyOriginal: ☐ will not be sent
via U.S. Mail**MESSAGE:**

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2549, Ft. Myers, FL 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014053

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Sandalhaven WWTP
LOCATION: 6811 Placida Road
Englewood, FL 34224

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: including Influent

COUNTY: Charlotte

NO DISCHARGE FROM SITE: ☒
MONITORING PERIOD From: 4-01-06 To: 4-30-06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.003				Ø		
PARM Code 50050 Y Mon. Site No. OTH-1B	Permit Requirement	0.15 (An. Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0.0				Ø		
PARM Code 50050 P Mon. Site No. OTH-1B	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<2		Ø		
PARM Code 80082 Y Mon. Site No. BFA-1	Permit Requirement			20.0 (An. Avg.)	MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<2	<2	Ø		
PARM Code 80082 A Mon. Site No. BFA-1	Permit Requirement			30.0 (Mo. Avg.)	45.0 (Weekly Avg.)	60 (Max)	Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			<0.87		Ø		
PARM Code 00530 Y Mon. Site No. EPA-1	Permit Requirement			20.0 (An. Avg.)		MG/L	Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			<0.6	<0.6	Ø		
PARM Code 00530 A Mon. Site No. EPA-1	Permit Requirement			30.0 (Mo. Avg.)	45.0 (Weekly Avg.)	60 (Max)	Every Two Weeks	8-hr. FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	697-4797	06-05-15

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

CONFIDENTIAL - FURTHER INFORMATION (continued)

90-08-4
ERHART INQUIRY LINE

[illegible]

DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2549, Ft. Myers, FL 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014053

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Sandalhaven WWTP
LOCATION: 6811 Placida Road
Englewood, FL 34224

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC:

COUNTY: Charlotte

NO DISCHARGE FROM SITE: ☒

MONITORING PERIOD

From:

4-01-06

To

4-30-06

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.091							Ø		
PARM Code 50050 Y Mon. Site No. OTH-1A	Permit Requirement	0.10 (An. Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0.071							Ø		
PARM Code 50050 P Mon. Site No. OTH-1A	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2				Ø		
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2	<2	<2		Ø		
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	45.0 (Weekly Avg.)	60 (Max.)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				1.8				Ø		
PARM Code 00530 B Mon. Site No. EFB-1	Permit Requirement				5.0 (Max.)			MG/L		4 Days/Week	Grab
pH	Sample Measurement				6.7	7.0			Ø		
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	697-4797	06-06-15

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

4-01-06

To

4-30-06

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal PARM Code 74055 A Mon. Site No. EFA-1	Sample Measurement				<1					
	Permit Requirement				25 (Max.)		#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon. Site No. EFA-1	Sample Measurement				1.4					
	Permit Requirement				1.0 (Min.)		MG/L		Continuous	Grab
Turbidity PARM Code 00070 B Mon. Site No. EFB-1	Sample Measurement				1.98					
	Permit Requirement				(Max)		NTU		Continuous	Meter
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA014053

From:

4-01-06

To:

4-30-06

Facility:

Sandalhaven WWTP

	Flow (MGD)	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	pH (SU)	TRC (For Disinfect.) (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	CBOD5 (MG/L)	TSS (MG/L)	
Code	50050	50050	80082	00530	00490	50060	74055	00620	80082	00530	
Mon. Site	OTH-1A	OTH-1B	INF-1	INF-1	EPA-1	EPA-1	EPA-1	EPA-1	EPA-1	EPA-1	
1	0.084	0			6.9	3.9					
2	0.084	0			6.8	4.0					
3	0.082	0			6.9	4.5	<1				
4	0.087	0			6.9	3.7	<1				
5	0.062	0			6.9	5.0	<1				
6	0.080	0			6.7	5.0	<1				
7	0.072	0			6.8	5.0					
8	0.075	0			6.8	5.0					
9	0.076	0			6.8	4.6					
10	0.080	0			6.8	3.2	<1				
11	0.067	0	266	172	6.8	5.0	<1	0.26	<2	<0.6	
12	0.065	0			6.7	5.0	<1				
13	0.064	0			6.7	4.7	<1				
14	0.064	0			6.7	4.6					
15	0.074	0			6.8	4.6					
16	0.069	0			6.8	4.5					
17	0.072	0			6.8	3.5	<1				
18	0.077	0			6.8	3.7	<1				
19	0.078	0			6.8	2.5	<1				
20	0.074	0			6.8	3.0	<1				
21	0.071	0			6.9	3.9					
22	0.073	0			6.8	3.8					
23	0.068	0			6.8	4.0					
24	0.066	0			6.9	1.4	<1				
25	0.062	0	354	294	6.9	1.5	<1	0.48	<2	<0.6	
26	0.061	0			7.0	3.5	<1				
27	0.068	0			7.0	2.1	<1				
28	0.057	0			6.9	4.4					
29	0.059	0			6.8	4.7					
30	0.056	0			6.8	4.4					
31											
Total	2127	0									
Mo. Avg.	0.071	0	310	233	6.8	4.0	<1	0.37	<2	<0.6	

PLANT STAFFING:

Day Shift Operator

Class:

C

Certificate No:

0013850

Name:

Michael Monat

Evening Shift Operator

Class:

C

Certificate No:

0013794

Name:

Ted Burleson

Night Shift Operator

Class:

Certificate No:

Name:

Lead Operator

Class:

B

Certificate No:

0007518

Name:

Patrick Godwin

UTILITIES INC OF HUTCHINSON ISLAND

AN AFFILIATE OF UTILITIES INC

600 N.E. OCEAN BLVD
STUART, FLORIDA 34996COMMUNITY OFFICES:
2900 Henderson Road
P.O. Box 101, Miramar, FL 33187
305-438-1540*SANDALHAVEN*Telephone: 772-334-7881
Florida 800-441-1915
Fax: 772-334-7881
Florida@utilitiesinc.com**Fax Transmittal**

ATTN: <i>Jackie T</i>	Date:
TO: <i>UI</i>	Fax #:
FROM: <i>Lennie G. / Sandalhaven</i>	Pages: <i>7</i> including this cover page.
SUBJECT: <i>DMR</i>	

☐ Being Sent ☐ For Your Review ☐ For your ☐ Please ☐ Original ☐ will not be sent via U.S. Mail

☐ Not Requested ☐ Please Comment ☐ Information ☐ Reply

**Attachments:***DMR**Thank's*
Lennie G

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (Y/M/M/DD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	697-4777	06-04-18

NO DISCHARGE FROM SITE:	3-01-06	3-31-06
MONITORING PERIOD	From	To

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FILE COPY

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			6.7	7.1			Ø		
PARM Code 00400 A	Permit Requirement			6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			<1				Ø		
PARM Code 74055 Y	Permit Requirement			200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement			<1	<1	<1		Ø		
PARM Code 74055 A	Permit Requirement			Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.8				Ø		
PARM Code 50060 A	Permit Requirement			0.5 (Min.)			MGL		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			0.59				Ø		
PARM Code 00620 A	Permit Requirement			12.0 (Max.)			MGL		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			341				Ø		
PARM Code 80082 G	Permit Requirement			Report (Mo.Avg.)			MGL		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			536				Ø		
PARM Code 00530 G	Permit Requirement			Report (Mo.Avg.)			MGL		Every Two Weeks	8-hr. FPC
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2549, Ft. Myers, FL 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
 MAILING ADDRESS: 200 Weathersfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014053

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Sandalhaven WWTP
 LOCATION: 6811 Placida Road
 Englewood, FL 34224

MONITORING GROUP NUMBER: R-002
 MONITORING GROUP DESC:

COUNTY: Charlotte

NO DISCHARGE FROM SITE: ☒
 MONITORING PERIOD From: 3-01-06 To 3-31-06

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow		Sample Measurement	0.094								
PARM Code 50050 Y		Permit Requirement	0.10 (An.Avg.)	MGD					Ø		
Mon.Site No. OTH-1A		Sample Measurement	0.111							5 Days/Week	Flow Totalizer
Flow		Permit Requirement	Report (Mo.Avg.)	MGD					Ø		
PARM Code 50050 P		Sample Measurement								5 Days/Week	Flow Totalizer
Mon.Site No. OTH-1A		Permit Requirement							Ø		
BOD, Carbonaceous 5 day, 20C		Sample Measurement			< 2				Ø		
PARM Code 80082 Y		Permit Requirement			20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hr. FPC
Mon.Site No. EPA-1		Sample Measurement			< 2	< 2	< 2		Ø		
BOD, Carbonaceous 5 day, 20C		Permit Requirement			30.0 (Mo.Avg.)	45.0 (Weekly Avg.)	60 (Max)	MG/L		Every Two Weeks	8-hr. FPC
PARM Code 80082 A		Sample Measurement			6.7				3	*	
Mon.Site No. EPA-1		Permit Requirement			5.0 (Max.)			MG/L		4 Days/Week	Grab
Solids, Total Suspended		Sample Measurement			6.7	7.1			Ø		
PARM Code 00530 B		Permit Requirement			6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Mon.Site No. BFB-1		Sample Measurement									
pH		Permit Requirement									
PARM Code 00400 A		Sample Measurement									
Mon.Site No. EPA-1		Permit Requirement									

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YYMMDD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	697-4797	06-04-18

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):
 * Plant in reject from 3-01-06 to 3-09-06

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA014053

From:

3-01-06

To:

3-31-06

Facility: Sandalhaven WWTP

	Flow (MGD) <i>Reuse</i>	Flow (MGD) <i>RIB</i>	CBOD5 (MG/L)	TSS (MG/L)	pH (SU)	TRC (For Disinfect.) (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	CBOD5 (MG/L)	TSS (MG/L)	
Code	50050	50050	80082	00530	00400	50060	74053	00620	80082	00530	
Mon. Site	OTH-1A	OTH-1B	INF-1	INF-1	EPA-1	EPA-1	EPA-1	EPA-1	EPA-1	EPA-1	
1	0.111	0.070			6.9	5.0	<1	0.59			
2	0.110	0.110			6.9	3.8	<1	0.01			
3	0.110	0.110			7.0	1.8					
4	0.110	0.110			6.9	1.8					
5	0.205	0.205			6.7	3.6					
6	0.199	0.199			6.8	5.0	<1	0.16			
7	0.109	0.109			6.8	5.0	<1	0.29			
8	0.122	0.122			6.8	5.0	<1	0.02			
9	0.112	0			6.9	5.0	<1	0.39			
10	0.092	0			6.9	3.3					
11	0.096	0			6.8	5.0					
12	0.104	0			6.8	5.0					
13	0.108	0			6.9	4.4	<1				
14	0.098	0	282	172	7.0	5.0	<1	0.52	<2	0.9	
15	0.103	0			7.1	4.6	<1				
16	0.111	0			7.0	3.4	<1				
17	0.113	0			7.0	4.4					
18	0.097	0			6.9	4.6					
19	0.115	0			6.9	4.2					
20	0.104	0			7.0	3.1	<1				
21	0.119	0			6.8	4.5	<1				
22	0.099	0			7.0	3.7	<1				
23	0.103	0			7.0	3.7	<1				
24	0.111	0			6.9	3.8					
25	0.095	0			6.8	4.8					
26	0.112	0			6.8	4.1					
27	0.102	0			6.9	3.9	<1				
28	0.096	0	400	900	6.9	4.8	<1	0.22	<2	<0.6	
29	0.092	0			6.9	3.9	<1				
30	0.092	0			6.9	3.8	<1				
31	0.097	0			6.8	3.6					
Total	3.447	1.035	682	1072				2.20		1.5	
Mo. Avg.	0.111	0.033	341	536	6.9	4.1	<1	0.28	<2	<0.6	

* EST.

PLANT STAFFING:

Day Shift Operator

Class:

C

Certificate No:

0013850

Name:

Michael Monat

Evening Shift Operator

Class:

C

Certificate No:

0013794

Name:

Ted Burleson

Night Shift Operator

Class:

B

Certificate No:

0007518

Name:

Patrick Godwin

Lead Operator

Class:

B

Certificate No:

0007518

Name:

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA014053

FLA014053
From: 3-01-06 To: 3-31-06

Facility: Sanda Haven WWTP

Code	TSS (MG/L)	Turbidity (NTU)
00530	00070	
Mon. Site	2FB-1	2FB-1
1	6.1	5.00+
2	6.6	5.00+
3		5.00+
4		5.00+
5		5.00+
6	4.6	5.00+
7	6.7	5.00+
8	1.1	5.00+
9	1.0	4.22
10		2.85
11		2.65
12		1.58
13	1.2	1.98
14	1.6	1.86
15	1.6	2.40
16	2.1	2.86
17		1.45
18		.98
19		.92
20	1.3	1.10
21	0.8	1.36
22	1.5	1.25
23	1.8	1.40
24		.69
25		1.30
26		.62
27	0.7	.65
28	<0.6	.95
29	<0.6	1.18
30	<0.6	1.19
31		1.00
Total		
Mo. Avg.	2.3	

PLANT STAFFING:

Day Shift Operator

Class:

C

Certificate No:

0013850

Names

Michael Monat

Evening Shift Operator

Class:

C

Certificate No:

0013394

Name: _____

Ted Burleson

Night Shift Operator

Class:

Certificate No:

Name:

Patrick Godwin

Lead Operator

Class:

3

Certificata No:

0007518

Name:

Patrick Godwin

Jackie Tappan

From: Richard Retz [r.retz@utilitiesinc-usa.com]
Sent: Thursday, April 20, 2006 8:43 AM
To: 'Jackie Tappan'
Cc: 'Patrick Flynn'
Subject: March 2006 Sandalhaven DMR

Jackie,

I received the fax concerning the 6.7 TSS for Sandalhaven March 2006 DMR. The exceedance is not considered an excursion if the plant diverts to the reject pond, which it did. It is only noted as an excursion if the effluent left the plant.

Richard W. Retz
Regional Manager
Utilities, Inc. of Florida
200 Weathersfield Avenue
Altamonte Springs, Fl. 32714
407.869.8588, ext. 500
r.retz@utilitiesinc-usa.com

FILE COPY

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YYYYMMDD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	697-4797	06-3-15

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			6.6	7.0				
PARM Code 00400 A Mon. Site No. EPA-1	Permit Requirement			6.0 (Min.)	8.5 (Max.)			5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			<1					
PARM Code 74055 Y Mon. Site No. EPA-1	Permit Requirement			200 (Ar. Avg.)				Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement			<1	<1				
PARM Code 74055 A Mon. Site No. EPA-1	Permit Requirement			Report (Mo. Geo. Mean)	400 (90%)	800 (Max.)		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.1					
PARM Code 50060 A Mon. Site No. EPA-1	Permit Requirement			0.5 (Min.)				5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			0.48					
PARM Code 00620 A Mon. Site No. EPA-1	Permit Requirement			12.0 (Max.)				Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			181					
PARM Code 80082 G Mon. Site No. INF-1	Permit Requirement			Report (Mo. Avg.)				Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			153					
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement			Report (Mo. Avg.)				Every Two Weeks	8-hr. FPC
	Sample Measurement								
	Permit Requirement								
	Sample Measurement								
	Permit Requirement								

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2549, Ft. Myers, FL 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014053

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Sandalhaven WWTP
LOCATION: 6811 Placida Road
Englewood, FL 34224

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC:

COUNTY: Charlotte

NO DISCHARGE FROM SITE ☒
MONITORING PERIOD From: 2-01-06 To 2-28-06

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.096							Ø		
PARM Code 50050 Y Mon.Site No. OTH-1A	Permit Requirement	0.10 (An.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0.123							Ø		
PARM Code 50050 P Mon.Site No. OTH-1A	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2				Ø		
PARM Code 80082 Y Mon.Site No. EPA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2	<2	<2		Ø		
PARM Code 80082 A Mon.Site No. EPA-1	Permit Requirement				30.0 (Mo.Avg.)	45.0 (Weekly Avg)	60 (Max)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				2.7				Ø		
PARM Code 00530 B Mon.Site No. EPB-1	Permit Requirement				5.0 (Max.)			MG/L		4 Days/Week	Grab
pH	Sample Measurement				6.6	7.0			Ø		
PARM Code 00400 A Mon.Site No. EPA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	697-4797	06-03-15

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

[illegible]

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA014053

From: 2-01-06 To: 2-28-06

Facility: Sandalhaven WWTP

	Flow (MGD)	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	pH (SU)	TRC (For Disinfect.) (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	CBOD5 (MG/L)	TSS (MG/L)	
Code	50050	50050	80082	00530	00400	50060	74055	00620	80082	00530	
Mon. Site	OTH-1A	OTH-1B	INF-1	INF-1	EPA-1	EPA-1	EPA-1	EPA-1	EPA-1	EPA-1	
1	0.102	0			6.9	4.0	<1				
2	0.095	0			6.9	3.4	<1				
3	0.091	0			6.9	2.6					
4	0.117	0			6.9	2.2					
5	0.173	0			6.9	2.5					
6	0.116	0			6.9	3.3	<1				
7	0.145	0			6.9	3.4	<1				
8	0.117	0			6.8	3.9	<1				
9	0.126	0			6.6	4.8	<1				
10	0.134	0			6.7	4.7					
11	0.124	0			6.9	4.2					
12	0.139	0			6.7	4.5					
13	0.128	0			6.8	4.3	<1				
14	0.124	0	202	144	6.8	5.0	<1	0.14	<2	<0.6	
15	0.128	0			6.9	5.0	<1				
16	0.143	0			6.9	5.0	<1				
17	0.121	0			6.9	5.0					
18	0.114	0			6.9	5.0					
19	0.124	0			6.8	5.0					
20	0.123	0			6.8	4.1	<1				
21	0.118	0			6.9	3.8	<1				
22	0.127	0			7.0	4.2	<1				
23	0.125	0			7.0	3.1	<1				
24	0.144	0			6.8	4.3					
25	0.138	0			6.7	4.6					
26	0.102	0			6.6	2.1					
27	0.100	0			6.8	3.6	<1				
28	0.112	0	159	192	6.8	4.1	<1	0.48	<2	1.1	
29											
30											
31											
Total	3450	0									
Mo. Avg.	0.123	0	181	153	6.8	4.0	<1	0.31	<2	0.85	

PLANT STAFFING:

Day Shift Operator

Class: CCertificate No: 0013850Name: Michael Monat

Evening Shift Operator

Class: CCertificate No: 0013794Name: Ted Burleson

Night Shift Operator

Class: BCertificate No: 0007518Name: Patrick Godwin

Lead Operator

Class: BCertificate No: 0007518Name: Patrick Godwin

DAILY SAMPLE RESULTS - PART BPermit Number:
Monitoring Period

FLA014053

FLA014053
From: 2-01-06 To: 2-28-06

Facility: Sandalhaven WWTP

[illegible]

PLANT STAFFING:

Day Shift Operator

Class:

C

Certificate No:

0013850

Name:

Michael Monat

Evening Shift Operator

Class:

C

Certificate No:

0013794

Name:

Ted Burleson

Night Shift Operator

Class:

Certificate No:

Name: _____

Patrick Godwin

Lead Operator

Class:

B

Certificate No:

0007518

Name:

Patrick Godwin

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FILE COPY

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2549, Ft. Myers, FL, 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014053

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Sandalhaven WWTP
LOCATION: 6811 Placida Road
Englewood, FL 34224

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

COUNTY: Charlotte

NO DISCHARGE FROM SITE: ☒

MONITORING PERIOD From: 1-01-06 To 1-31-06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	$\emptyset$				$\emptyset$		
PARM Code 50050 Y Mon. Site No. OTH-1B	Permit Requirement	0.15 (An. Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow	Sample Measurement	$\emptyset$				$\emptyset$		
PARM Code 50050 P Mon. Site No. OTH-1B	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement			< 2		$\emptyset$		
PARM Code 80082 Y Mon. Site No. EPA-1	Permit Requirement			20.0 (An. Avg.)	MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			< 2	< 2	< 2		
PARM Code 80082 A Mon. Site No. EPA-1	Permit Requirement			30.0 (Mo. Avg.)	45.0 (Weekly Avg.)	60 (Max)	MG/L	Every Two Weeks
Solids, Total Suspended	Sample Measurement			< 0.7		$\emptyset$		
PARM Code 00530 Y Mon. Site No. EPA-1	Permit Requirement			20.0 (An. Avg.)			MG/L	Every Two Weeks
Solids, Total Suspended	Sample Measurement			0.6	0.6	0.7		
PARM Code 00530 A Mon. Site No. EPA-1	Permit Requirement			30.0 (Mo. Avg.)	45.0 (Weekly Avg.)	60 (Max)	MG/L	Every Two Weeks

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	697-4797	06-01-15

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

FACILITY: Sandalhaven WWTP

DISCHARGE MONITORING REPORT - PART A (Continued)

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: 1-01-06 To

PERMIT NUMBER: FLA014053

1-31-06

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			6.5	7.0			Ø		
PARM Code 00400 A Mon. Site No. EPA-1	Permit Requirement			6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			<1				Ø		
PARM Code 74055 Y Mon. Site No. EPA-1	Permit Requirement			200 (Ar. Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement			<1	<1	<1		Ø		
PARM Code 74055 A Mon. Site No. EPA-1	Permit Requirement			Report (Mo. Geo. Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.1				Ø		
PARM Code 50060 A Mon. Site No. EPA-1	Permit Requirement			0.5 (Min.)			MGL		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			0.30				Ø		
PARM Code 00620 A Mon. Site No. EPA-1	Permit Requirement			12.0 (Max.)			MGL		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			204				Ø		
PARM Code 80072 G Mon. Site No. INF-1	Permit Requirement			Report (Mo. Avg.)			MGL		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			241				Ø		
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement			Report (Mo. Avg.)			MGL		Every Two Weeks	8-hr. FPC
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

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SANDALHAVEN UTL

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2549, Ft. Myers, FL, 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014053

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Sandalhaven WWTP
LOCATION: 6811 Placida Road
Englewood, FL 34224

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC:

COUNTY: Charlotte

NO DISCHARGE FROM SITE: ☒

MONITORING PERIOD From: 1-01-06 To: 1-31-06

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.096							Ø		
PARM Code 50050 Y Mon. Site No. OTH-1A	Permit Requirement	0.10 (An. Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0.090							Ø		
PARM Code 50050 P Mon. Site No. OTH-1A	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				< 2				Ø		
PARM Code 80082 Y Mon. Site No. EPA-1	Permit Requirement				20.0 (An. Avg.)			MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				< 2	< 2	< 2		Ø		
PARM Code 80082 A Mon. Site No. EPA-1	Permit Requirement				30.0 (Mo. Avg.)	45.0 (Weekly Avg)	60 (Max)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				1.8				Ø		
PARM Code 00530 B Mon. Site No. EFB-1	Permit Requirement				5.0 (Max)			MG/L		4 Days/Week	Grab
pH	Sample Measurement				6.5	7.0			Ø		
PARM Code 00400 A Mon. Site No. EPA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	697-4797	06-01-15

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

FACILITY: Sandalhaven WWTP

DISCHARGE MONITORING REPORT - PART A (Continued)

MONITORING GROUP NUMBER: R-002

MONITORING PERIOD From: 1-01-06 To 1-31-06

PERMIT NUMBER: FLA014053

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				<1				0		
PARM Code 74055 A	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.1				0		
PARM Code 50060 A	Permit Requirement				1.0 (Min.)			MGL		Continuous	Grab
Turbidity	Sample Measurement				1.55				0		
PARM Code 00070 B	Permit Requirement				(Max)			NTU		Continuous	Meter
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

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SANDALHAVEN UTL

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DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA014053

From: 1-01-06To: 1-31-06

Facility: Sandalhaven WWTP

	Flow (MGD)	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	pH (SU)	TRC (For Disinfect.) (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	CBOD5 (MG/L)	TSS (MG/L)	
Code	50050	50050	80082	00530	00400	50060	74055	00620	80082	00530	
Mon. Site	OTH-1A	OTH-1B	INF-1	INF-1	EPA-1	EPA-1	EPA-1	EPA-1	EPA-1	EPA-1	
1	0.100	Ø			6.5	4.7					
2	0.092	Ø			6.8	4.8					
3	0.091	Ø	170	356	6.8	4.2	<1	0.12	<2	<0.6	
4	0.091	Ø			6.9	4.4	<1				
5	0.090	Ø			6.9	4.3	<1				
6	0.082	Ø			7.0	3.9	<1				
7	0.081	Ø			6.7	4.6					
8	0.085	Ø			6.6	4.7					
9	0.089	Ø			6.6	4.7	<1				
10	0.085	Ø			6.7	3.8	<1				
11	0.096	Ø			6.6	3.7	<1				
12	0.090	Ø			6.6	3.3	<1				
13	0.097	Ø			6.7	3.7					
14	0.090	Ø			6.7	3.7					
15	0.084	Ø			6.6	4.3					
16	0.093	Ø			6.6	3.3	<1				
17	0.096	Ø	251	136	6.8	3.8	<1	0.14	<2	0.7	
18	0.100	Ø			6.8	4.0	<1				
19	0.095	Ø			6.7	4.7	<1				
20	0.093	Ø			6.8	4.1					
21	0.103	Ø			6.8	4.0					
22	0.095	Ø			6.6	4.1					
23	0.100	Ø			6.6	2.0	<1				
24	0.095	Ø			6.9	2.0	<1				
25	0.097	Ø			6.6	1.7	<1				
26	0.098	Ø			6.7	2.0	<1				
27	0.083	Ø			6.8	2.1					
28	0.064	Ø			6.8	1.3					
29	0.084	Ø			6.8	1.1					
30	0.092	Ø			6.7	2.3	<1				
31	0.073	Ø	190	232	6.8	5.0	<1	0.30	<2	<0.6	
Total	2.804	Ø									
Mo. Avg.	0.090	Ø	204	241	6.7	3.6	<1	0.19	<2	0.6	

PLANT STAFFING:

Day Shift Operator

Class: CCertificate No: 0013850 Name: Michael Monat

Evening Shift Operator

Class: CCertificate No: 0013794 Name: Ted Burleson

Night Shift Operator

Class: BCertificate No: 0007518 Name: Patrick Godwin

Lead Operator

Class: BCertificate No: 0007518 Name: Patrick Godwin

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SANDALHAVEN UTL

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3 month average		
Flow	Flow	Flow

Sandalhaven WWTP Englewood, Florida

Month January Year 2006

Node	Flow	Cl-2	pH	NTU	Residual Flow	Residual Flow	B.O.	30 Min	Residual Flow	Residual Flow	Residual Flow	Residual Flow	Residual Flow	Residual Flow
1	.100	4.7	6.5	1.36	.098	Ø	0.8	89						2
2	.092	4.8	6.8	1.55	.090	Ø	1.2	89				✓	✓	2
3	.091	4.2	6.8	0.59	.089	Ø	1.2	90						
4	.091	4.4	6.9	0.61	.089	Ø	1.2	90						
5	.090	4.35	6.9	0.53	.088	Ø	1.2	91				✓	✓	
6	.082	3.9	7.0	0.55	.080	Ø	1.4	91						
7	.081	4.6	6.7	0.51	.079	Ø	1.2	90					✓	2
8	.085	4.7	6.6	1.09	.083	Ø	1.2	90				✓		3
9	.089	4.7	6.6	1.28	.087	Ø	1.2	91					✓	
10	.085	3.8	6.7	.45	.083	Ø	1.2	90				✓		
11	.096	3.7	6.6	.49	.094	Ø	1.4	90					✓	
12	.090	3.3	6.6	0.51	.088	Ø	1.2	90				✓		
13	.097	3.7	6.7	0.50	.095	Ø	1.1	88						
14	.090	3.7	6.7	0.19	.088	Ø	1.2	88					✓	
15	.084	4.3	6.6	0.50	.082	Ø	1.1	89				✓		
16	.093	3.3	6.6	.62	.091	Ø	1.2	86					✓	2
17	.096	3.8	6.8	.49	.094	Ø	1.4	89						
18	.100	4.0	6.8	.43	.098	Ø	1.2	88				✓		
19	.095	4.7	6.7	.52	.093	Ø	1.4	70					✓	
20	.093	4.1	6.8	.60	.091	Ø	1.2	89				✓		
21	.103	4.0	6.8	.71	.101	Ø	1.0	88					✓	4
22	.095	4.1	6.6	.84	.093	Ø	1.0	89				✓	✓	
23	.100	2.0	6.6	.66	.098	Ø	1.2	91						
24	.095	2.0	6.9	.86	.093	Ø	1.2	93				✓	✓	
25	.097	1.7	6.6	.96	.095	Ø	1.0	92						
26	.098	2.0	6.7	.89	.096	Ø	1.8	92				✓	✓	
27	.083	2.1	6.8	.75	.082	Ø	1.0	92						
28	.069	1.3	6.8	.81	.062	Ø	1.0	93				✓	✓	1
29	.084	1.1	6.8	.85	.082	Ø	1.0	93				✓		
30	.092	2.3	6.7	.66	.090	Ø	1.2	93					✓	
31	.073	5.0	6.8	.78	.071	Ø	1.4	92				✓		
Total	2804				3742	Ø								
Average	.090				.088	Ø								

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6990

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed Mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2549, Ft. Myers, FL 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
MAILING ADDRESS: 201 Weathersfield Avenue
Altamonte Springs, FL 32714

FACILITY: Sandalhaven WWTP
LOCATION: 6811 Placida Road
Englewood, FL 34224

COUNTY: Charlotte

PERMIT NUMBER: FLA014053

LIMIT: Final
CLASS SIZE: N/A

REPORT: GROUP

Monthly
Domestic

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: , including influent

NO DISCHARGE FROM SITE: ☒
MONITORING PERIOD From: 10-01-06 To: 10-31-06

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Measurement	0.006						
PARM Code 50050 Y Mon. Site No. OTH-1B	Permit Requirement	0.15 (An. Avg.)	MGD					
Flow	Sample Measurement	0					5 Days/Week	Flow Totalizer
PARM Code 50050 P Mon. Site No. OTH-1B	Permit Requirement	Region (Mo. Avg.)	MGD					
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.1			5 Days/Week	Flow Totalizer
PARM Code 80082 Y Mon. Site No. EPA-1	Permit Requirement			20.0 (An. Avg.)	MGL		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<2				
PARM Code 80082 A Mon. Site No. EPA-1	Permit Requirement			30.0 (Mo. Avg.)	MGL		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			0.69				
PARM Code 00530 Y Mon. Site No. EPA-1	Permit Requirement			20.0 (An. Avg.)	MGL		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			0.85				
PARM Code 00530 A Mon. Site No. EPA-1	Permit Requirement			30.0 (Mo. Avg.)	MGL		Every Two Weeks	8-hr. FPC
				0.85				
				45.0 (Weekly Avg.)				
				1.1				
				60 (Max)				

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

NAME/TITLE OF PRINCIPAL, EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL, EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YYMMDD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	697-4797	06-11-25

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Sandalhaven WWTP

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: 10-01-06 To

PERMIT NUMBER: FLA01405.1

10-31-06

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			6.4	6.8					
PARM Code 00400 A	Permit Requirement			6.0 (Min.)	8.5 (Max.)		SI		5 Days/Week	Grab
Mon. Site No. BFA-1	Sample Measurement			1.6						
Coliform, Fecal	Permit Requirement			200 (Ar. Avg.)			#/100ML		Every Two Weeks	Grab
PARM Code 74055 Y	Sample Measurement			<1	<1	<1				
Mon. Site No. BFA-1	Permit Requirement			Report (Mo. Geo. Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement			0.9						
PARM Code 74055 A	Permit Requirement			0.5 (Min.)			MGL		5 Days/Week	Grab
Mon. Site No. BFA-1	Sample Measurement			0.61						
Total Residual Chlorine (For Disinfection)	Permit Requirement			12.0 (Max.)			MGL		Every Two Weeks	8-hr. FPC
PARM Code 50060 A	Sample Measurement			117						
Mon. Site No. BFA-1	Permit Requirement			Report (Mo. Avg.)			MGL		Every Two Weeks	8-hr. FPC
Nitrogen, Nitrate, Total (as N)	Sample Measurement			178						
PARM Code 80082 G	Permit Requirement			Report (Mo. Avg.)			MGL		Every Two Weeks	8-hr. FPC
Mon. Site No. INR-1	Sample Measurement									
Solids, Total Suspended	Permit Requirement									
PARM Code 00530 G	Sample Measurement									
Mon. Site No. INR-1	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

* 10-10-06 Cl₂ Dropped to 0.9 for about 15 min's } because of high flow

PERMITTEE NAME: Utilities Incorporated of Sandalwood
MAILING ADDRESS: 200 Weatherfield Avenue
Altamonte Springs, FL 32714FACILITY LOCATION: Sandalwood WWTP
6811 Placida Road
Englewood, FL 34724

COUNTY: Charlotte

PERMIT NUMBER: F1A014053

LIMIT: Final

CLASS SIZE: N/A

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC:

REPORT: CRODIP

Monthly
DomesticNO DISCHARGE FROM SITE: ☒
MONITORING PERIOD From: 10-01-06 To: 10-31-06

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	PARM Code 50050 Y Mon. Site No. OTH-1A	0.088 0.10 (Ar. Avg.)	MGD			0		
Flow	PARM Code 50050 P Mon. Site No. OTH-1A	0.071 Report (Mo. Avg.)	MGD			0	5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.1		0	5 Days/Week	Flow Totalizer
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement			20.0 (Ar. Avg.)	MGL	0	Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<2		0		
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement			45.0 (Weekly Avg.)	MGL	0	Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			0.9		0		
PARM Code 00530 B Mon. Site No. EFB-1	Permit Requirement			5.0 (Max.)	MGL	0	4 Days/Week	* Grab
pH	Sample Measurement			6.4		0		
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement			6.0 (Min.)	8.5 (Max.)	0	5 Days/Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	697-4797	06-11-25

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

MONITORING GROUP NUMBER: R-003

PERMIT NUMBER: FLA04053

MONITORING PERIOD From 10-01-06 To 10-31-06

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Chlorine, Free	Sample Measurement									
	Permit Requirement				2					
	Sample Measurement				25 (Max.)		#/100ML		4 Days/Week	Grab
	Permit Requirement				0.9					
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0 (Min.)		MGL		Continuous	Grab
	Permit Requirement				2.90					
	Sample Measurement									
	Permit Requirement				(Max)		NTU		Continuous	Meter
Turbidity	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
PARM Code 09070 Mon Site No. 0907-1	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
PARM Code 09055 Mon Site No. 0905-1	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
PARM Code 09060 Mon Site No. 0906-1	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
PARM Code 09070 Mon Site No. 0907-1	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
PARM Code 09070 Mon Site No. 0907-1	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
PARM Code 09070 Mon Site No. 0907-1	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA014052

From: FD-01-06 To: 10-31-06

Facility: Sandelhaven WWTP

	Flow (MGD)	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	pH (SU)	TRC (For Disinfect.) (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	CBOD5 (MG/L)	TSS (MG/L)	
Code	50050	50050	80082	00530	00480	50060	74055	00620	80082	00530	
Mon. Site	OTH-1A	OTH-1B	INF-1	INF-1	EPA-1	EPA-1	EPA-1	EPA-1	EPA-1	EPA-1	
1	0.074	Ø			6.7	1.2					
2	0.073	Ø			6.6	5.0	<1				
3	0.070	Ø			6.7	5.0	<1				
4	0.082	Ø			6.8	4.7	<1				
5	0.069	Ø			6.7	5.0	<1				
6	0.070	Ø			6.7	5.0					
7	0.067	Ø			6.5	2.5					
8	0.063	Ø			6.5	4.0					
9	0.075	Ø			6.6	1.7	<1				
10	0.068	Ø	96	170	6.6	0.9	<1	0.61	<2	<0.6	
11	0.063	Ø			6.6	2.8	<1				
12	0.065	Ø			6.6	4.2	<1				
13	0.064	Ø			6.6	1.9					
14	0.061	Ø			6.5	3.0					
15	0.066	Ø			6.5	2.7					
16	0.070	Ø			6.6	2.0	<1				
17	0.069	Ø			6.6	2.5	<1				
18	0.050	Ø			6.7	1.8	<1				
19	0.069	Ø			6.7	1.1	<1				
20	0.076	Ø			6.7	1.0					
21	0.072	Ø			6.7	3.1					
22	0.061	Ø			6.7	1.3					
23	0.062	Ø			6.6	2.8					
24	0.062	Ø	138	186	6.8	2.5		0.23	<2	1.1	
25	0.062	Ø			6.8	1.6	2				
26	0.067	Ø			6.7	5.0	<1				
27	0.066	Ø			6.8	1.2	<1				
28	0.100	Ø			6.7	1.1	<1				
29	0.086	Ø			6.7	1.3					
30	0.085	Ø			6.4	1.3	<1				
31	0.087	Ø			6.7	1.5	<1				
Total	2.186	Ø						.84			
Mo. Avg.	0.071	Ø	117	178	6.6	2.6	<1	.42	<2	.85	

PLANT STAFFING:

Day Shift Operator

Class:

C

Certificate No:

0013850

Name:

Michael Monat

Evening Shift Operator

Class:

C

Certificate No:

0013794

Name:

Ted Burleson

Night Shift Operator

Class:

Certificate No:

Name:

Lead Operator

Class:

B

Certificate No:

0007518

Name:

Patrick Godwin

FILE COPY

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Titles Incorporated of Sandhaven

Atlantic Springs, N. 12711

Facility	Location
Sandilhaven WWT	CONISTOTA, N.Y.

12241 7.3, 100% 2003

COUNTY
Charlotte

☒ NO DISCHARGE FROM SITE

MONITORING GROUP NUMBER- R-001	MONITORING GROUP DESC.	, including influent
--------------------------------	------------------------	----------------------

Final	Size	Limit
NA	10	10

PERMIT NUMBER FLA014053

REPORT GROUP.

Monthly DOMESTIC

MONITORING PERIOD From 09-01-06 To 09-30-06

Parameter	Quantity or Loading
-----------	---------------------

Sample	Measurement	0.006
--------	-------------	-------

10. OTH-1B	Requirement	(An. Avg.)
------------	-------------	------------

Sample Measurement	Measurement
	

Permit	Report
Requirement	Adm. Fee

Sample	CONCOURS 5 day, 20C
--------	---------------------

80082	Y	Petrol
		WASHER

Sample	Requirement
--------	-------------

Measurement	80187
-------------	-------

Requirement	Requirement
-------------	-------------

Sample	Measurement
--------	-------------

00530	Y	Permit	Requirement
-------	---	--------	-------------

Suspended	Sample	Measurement
-----------	--------	-------------

00530	A	Permit
		PERMIT

Requirement	
-------------	--

perjury or law that this document and all attachments were submitted. Based on my inquiry of the person or persons

of belief, true, accurate, and complete. I am aware that I

OF TAKING THE EXECUTIVE OFFICER OR AUTHORIZED A

Jack Goodwin Lead Op

AND EXPLANATION OF ANY VIOLATIONS (Refer to _____)

URL: <http://www.elsevier.com/locate/jbiotec>

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Sandalhaven WWTP

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA01053

MONITORING PERIOD From: 09-01-06 To: 09-30-06

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement						
PARM Code 00400 A Mon. Site No. EPA-1 Coliform, Fecal	Requirement		6.4 6.0 (Min.)	6.8 8.5 (Max.)		5 Days/Week	Grab
PARM Code 74055 Y Mon. Site No. EPA-1 Coliform, Fecal	Sample Measurement		<1				
PARM Code 74055 A Mon. Site No. EPA-1 Total Residual Chlorine (1% Disinfection)	Requirement		200 (Ar. Avg.)			Every Two Weeks	Grab
PARM Code 50060 A Mon. Site No. EPA-1 Nitrogen, Nitrate, Total (as N)	Sample Measurement		<1	<1			
PARM Code 00620 A Mon. Site No. EPA-1 BOD, Carbonaceous 5 day, 20C	Requirement		Report (Mo. Geo. Mean)	400 (90%)		Every Two Weeks	Grab
PARM Code 80082 G Mon. Site No. INF-1 Solids, Total Suspended	Sample Measurement		0.8 0.5 (Min.)			5 Days/Week	Grab
PARM Code 00530 G Mon. Site No. INF-1	Requirement		6.18				
	Sample Measurement		12.0 (Max.)			Every Two Weeks	8-hr. FPC
	Requirement		51				
	Sample Measurement		Report (Mo. Avg.)			Every Two Weeks	8-hr. FPC
	Requirement		69.5				
	Sample Measurement		Report (Mo. Avg.)			Every Two Weeks	8-hr. FPC
	Requirement						
	Sample Measurement					Every Two Weeks	8-hr. FPC
	Requirement						
	Sample Measurement						
	Requirement						

* 09-19-06 Cl₂ Dropped to 0.8 for about mins } Because of

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2549, Ft. Myers, FL 33902-2549

PERMITTEE NAME: Entities Incorporated of Sandalhaven
MAILING ADDRESS: 700 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014083

LIMIT: Final
CLASS SIZE: N/A

REPORT GROUP: Monthly
Domestic

FACILITY: Sandalhaven WWTP
LOCATION: 68EE Placida Road
Englewood, FL 34224

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC:

COUNTY: Charlotte

NO DISCHARGE FROM SITE: ☒
MONITORING PERIOD From: 09-01-06 To: 09-30-06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.090				Ø		
PARM Code 50050 Y Mon. Site No. OTH-1A	Permit Requirement	0.10 (An. Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0.100				Ø		
PARM Code 50050 P Mon. Site No. OTH-1A	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.1		Ø		
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)	MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			< 2	< 2	Ø		
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement			30.0 (Mo. Avg.)	45.0 (Weekly Avg.)	60 (Max.)	MG/L	Every Two Weeks
Solids, Total Suspended	Sample Measurement			2.1		Ø		
PARM Code 00530 B Mon. Site No. EFB-1	Permit Requirement			5.0 (Max.)			MG/L	4 Days/Week
pH	Sample Measurement			6.4	6.8	Ø		
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement			6.0 (Min.)	8.5 (Max.)		SU	5 Days/Week

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YYMMDD)
Patrick Godwin Lead Operator	Patrick Godwin	697-4797	06-10-20

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

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA014053

From:

09-01-06

To:

09-30-06

Facility: Sandalhaven WWTP

	Flow (MGD)	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	pH (SU)	TRC (For Disinfect.) (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	CBOD5 (MG/L)	TSS (MG/L)	
Code	50050	50050	80082	00530	00400	50060	74055	00620	80082	00530	
Mon. Site	OTH-1A	OTH-1B	INF-1	INF-1	BFA-1	BFA-1	BFA-1	BFA-1	BFA-1	BFA-1	
1	0.127	0			6.7	1.4					
2	0.130	0			6.7	1.6					
3	0.143	0			6.7	1.4					
4	0.119	0			6.7	2.1					
5	0.097	0			6.7	1.8	<1				
6	0.105	0			6.7	1.5	<1				
7	0.085	0			6.7	3.5	<1				
8	0.093	0			6.7	3.5	<1				
9	0.080	0			6.4	3.5					
10	0.080	0			6.5	5.0					
11	0.072	0			6.6	5.0	<1				
12	0.085	0	68	85	6.7	4.5	<1	6.18	<2	<0.6	
13	0.098	0			6.7	4.5	<1				
14	0.109	0			6.7	5.0	<1				
15	0.094	0			6.6	5.0					
16	0.089	0			6.5	4.8					
17	0.082	0			6.6	5.0					
18	0.089	0			6.7	2.6	<1				
19	0.111	0			6.7	0.8	<1				
20	0.152	0			6.8	1.0	<1				
21	0.110	0			6.7	4.1	<1				
22	0.113	0			6.7	2.8					
23	0.111	0			6.5	2.8					
24	0.094	0			6.5	1.5					
25	0.084	0			6.6	2.2	<1				
26	0.102	0	34	54.0	6.7	5.0	<1	4.83	<2	<0.6	
27	0.103	0			6.7	5.0	<1				
28	0.085	0			6.7	3.8	<1				
29	0.086	0			6.7	5.0					
30	0.067	0			6.7	5.0					
31											
Total	2.995	0									
Mo. Avg.	0.100	0	51	69.5	6.7	3.4	<1	5.51	<2	<0.6	

PLANT STAFFING:

Day Shift Operator

Class:

C

Certificate No:

0013850

Name:

Michael Monat

Evening Shift Operator

Class:

C

Certificate No:

0013794

Name:

Ted Burleson

Night Shift Operator

Class:

B

Certificate No:

0007518

Name:

Patrick Godwin

Lead Operator

Class:

B

Certificate No:

0007518

Name:

08/24/2006 08:41 4078895951

UTILITIES INC OF FL

UTILITIES, INC. OF FLORIDA
AN AFFILIATE OF UTILITIES, INC.
500 WEATHERSTFIELD AVENUE
ALTA MONTE SPRINGS, FLORIDA 32714**CORPORATE OFFICES:**
2335 Sanders Road
Northbrook, Illinois 60062
Telephone: 847-495-4440Telephone: 407-869-1919
Florida: 800-272-1919
Fax: 407-869-6961
Sendto@utilfla-inc-usa.com**Fax Transmittal**

Att: Wanda **Date:** _____

Company: SANDALHAVEN **Fax R:** 941-697-8959

From: Lennie Godwin **Pages:** 1 including this cover page.

Subject: DMR for the Month

☒ **URGENT** ☐ **For Your Review** ☐ **For your information** ☐ **Please Reply** **Original:** ☐ **will not be sent via U.S. Mail**
☐ **As Requested** ☐ **Please Comment**

**Utilities, Inc.****Message:**

This message is for the named person's use only. It may contain sensitive, private or protected information. No confidentiality or privilege is waived or lost by any non-communication. If you are not the intended recipient, please notify the sender immediately at the telephone number listed above. It is also requested that you immediately recall the transmission if the above is above. You must not, directly or indirectly, use, disclose, disseminate, print or copy any part of this message if you are not the intended recipient. Thank you.

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2549, Ft. Myers, FL 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

FACILITY: Sandalhaven WWTP
LOCATION: 6811 Placida Road
Englewood, FL 34224

COUNTY: Charlotte

PERMIT NUMBER: FLA014053

LIMIT: Final
CLASS SIZE: N/A

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: including Influent

NO DISCHARGE FROM SITE: ☒
MONITORING PERIOD From: 08-01-06 To: 08-31-06

REPORT GROUP:

Monthly
Domestic

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow								
PARM Code 50050 Y	Permit Requirement	0.006						
Mon. Site No. OTH-1B		(An. Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow								
PARM Code 50050 P	Permit Requirement	Report	MGD				5 Days/Week	Flow Totalizer
Mon. Site No. OTH-1B		(Mo. Avg.)						
BOD, Carbonaceous 5 day, 20C								
PARM Code 80082 Y	Permit Requirement			2.1				
Mon. Site No. EPA-1				20.0 (An. Avg.)	MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C								
PARM Code 80082 A	Permit Requirement			<2				
Mon. Site No. EPA-1				45.0 (Weekly Avg.)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended								
PARM Code 00530 Y	Permit Requirement			0.7				
Mon. Site No. EPA-1				20.0 (An. Avg.)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended								
PARM Code 00530 A	Permit Requirement			<2				
Mon. Site No. EPA-1				30.0 (Mo. Avg.)	MG/L		Every Two Weeks	8-hr. FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	697-4797	06-09-22

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

FILE COPY

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Sandalhaven WWTP

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: 08-01-06 To: 08-31-06

PERMIT NUMBER: FLA014053

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			6.3	7.0			Ø		
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement			6.0 (Min.)	8.5 (Max.)		SD		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			<1				Ø		
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement			200 (An. Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement			<1	<1	<1		Ø		
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement			Report (Mo. Geo. Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			0.7				Ø		
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement			0.5 (Min.)			MGL		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			6.56				Ø		
PARM Code 00620 A Mon. Site No. EFA-1	Permit Requirement			12.0 (Max.)			MGL		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			112				Ø		
PARM Code 80082 G Mon. Site No. INF-1	Permit Requirement			Report (Mo. Avg.)			MGL		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			97				Ø		
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement			Report (Mo. Avg.)			MGL		Every Two Weeks	8-hr. FPC
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

* 08-15-06 Cl₂ Dropped to 0.7 for about 5 min's* 08-17-06 Cl₂ Dropped to 0.8 for about 5 min's.

} Because of high flow (Rain)

1. **Abstract**
 2. **Introduction**
 3. **Methods**
 4. **Results**
 5. **Discussion**
 6. **Conclusion**
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 252. **Notes**
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SAMPLE/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YYMMDD)
Patrick Godwin Lead Operator			697-4797 06-09-22

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

1012 EIGHTH ST. N.E. ALBUQUERQUE, N.M. 87102

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period:

FLA014053
From:

8-01-06

To: 8-31-06

Facility: Sandhaven WWTP

	Flow (MGD)	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	pH (SU)	TRC (For Disinfect.) (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	CBOD5 (MG/L)	TSS (MG/L)	
Code	50050	50050	80082	00530	00400	50060	74055	00620	80082	00530	
Mon. Site	OTH-1A	OTH-1B	INF-1	INF-1	EPA-1	EPA-1	EPA-1	EPA-1	EPA-1	EPA-1	
1	0.072	Ø	42	54.0	7.0	5.0	<1	0.61	<2	<0.6	
2	0.081	Ø			6.8	3.4	<1				
3	0.080	Ø			6.8	1.3	<1				
4	0.101	Ø			6.7	1.8					
5	0.088	Ø			6.5	2.5					
6	0.091	Ø			6.5	2.9					
7	0.101	Ø			6.6	5.0	<1				
8	0.095	Ø			6.6	5.0	<1				
9	0.098	Ø			6.6	1.0	<1				
10	0.089	Ø			6.6	5.0	<1				
11	0.078	Ø			6.6	1.0					
12	0.071	Ø			6.5	2.6					
13	0.078	Ø			6.5	5.0					
14	0.153	Ø			6.6	5.0	<1				
15	0.111	Ø	229	82	6.7	0.7	<1	1.39	<2	<0.6	
16	0.108	Ø			6.8	1.0	<1				
17	0.103	Ø			6.8	0.8	<1				
18	0.103	Ø			6.7	4.2					
19	0.098	Ø			6.6	4.3					
20	0.087	Ø			6.5	4.6					
21	0.087	Ø			6.6	1.0	<1				
22	0.086	Ø			6.6	1.2	<1				
23	0.079	Ø			6.7	5.0	<1				
24	0.104	Ø			6.7	5.0	<1				
25	0.242	Ø			6.7	1.3					
26	0.138	Ø			6.3	5.0					
27	0.121	Ø			6.6	2.5					
28	0.100	Ø			6.8	2.3	<1				
29	0.097	Ø	64	155	6.6	4.0	<1	6.56	<2	<0.6	
30	0.095	Ø			6.6	5.0	<1				
31	0.126	Ø			6.7	1.7	<1				
Total	3.161	Ø									
Mo. Avg.	0.102	Ø	112	97	6.6	3.1	<1	2.85	<2	<0.6	

PLANT STAFFING:

Day Shift Operator

Class:

C

Certificate No:

0013850

Name:

Michael Monat

Evening Shift Operator

Class:

C

Certificate No:

0013794

Name:

Ted Burleson

Night Shift Operator

Class:

B

Certificate No:

0007518

Name:

Patrick Godwin

Lead Operator

Class:

B

Certificate No:

0007518

Name:

Patrick Godwin

Permit Number:
Monitoring Period:

FLA014053

From:

8-01-06

T

8-31-06

Facility:

Sandalhaven WWTP

[illegible]

PLANT STAFFING:

Day Shift Operator

Class:

C

Certificate No:

0013850

Name:

Michael Monat

Evening Shift Operator

Class:

C

Certificate No:

0013794

Name:

Ted Burleson

Night Shift Operators

Class:

Certificate No:

Name: _____

Patrick Godwin

Lead Operator:

Class:

B

Certificate No:

0007518

Name:

Patrick Godwin

09/24/2006 08:41 4076696961

UTILITIES INC OF FL

UTILITIES, INC. OF FLORIDA
AN AFFILIATE OF UTILITIES, INC.
300 WEATHERFIELD AVENUE
ALTA MONTE SPRINGS, FLORIDA 32714

CORPORATE OFFICES:
2335 Sanders Road
Northbrook, Illinois 60062
Telephone: 847-498-6440

Telephone: 407-669-1919
Florida: 800-272-1919
Fax: 407-669-6961
Sendto@utilidestnc-usa.com

Fax Transmittal

To: Wanda **Date:** _____
Company: SANDALHAVEN **Fax #:** 941-697-8959
From: Lennie Godwin **Pages:** 1 including this cover page.
Subject: DMR for the Month

☒ **URGENT**
☐ As Requested

☐ For Your Review
☐ Please Comment

☐ For your information

☐ Please
Reply

Original: ☐ will not be sent
via U.S. Mail

**Utilities, Inc.****Message:**

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2549, Ft. Myers, FL 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014053

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Sandalhaven WWTP
LOCATION: 6811 Placida Road
Englewood, FL 34224

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: including Influent

COUNTY: Charlotte

NO DISCHARGE FROM SITE: ☒ 4-01-06 To 4-30-06
MONITORING PERIOD From: To

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.003				0		
PARM Code 50050 Y Mon. Site No. OTH-1B	Permit Requirement	0.15 (An. Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0.0				0		
PARM Code 50050 P Mon. Site No. OTH-1B	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<2		0		
PARM Code 80082 Y Mon. Site No. BFA-1	Permit Requirement			20.0 (An. Avg.)	MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<2	<2	0		
PARM Code 80082 A Mon. Site No. BFA-1	Permit Requirement			30.0 (Mo. Avg.)	45.0 (Weekly Avg.)	60 (Max)	MG/L	Every Two Weeks
Solids, Total Suspended	Sample Measurement			<0.87		0		
PARM Code 00530 Y Mon. Site No. BFA-1	Permit Requirement			20.0 (An. Avg.)			MG/L	Every Two Weeks
Solids, Total Suspended	Sample Measurement			<0.6	<0.6	<0.6	0	
PARM Code 00530 A Mon. Site No. BFA-1	Permit Requirement			30.0 (Mo. Avg.)	45.0 (Weekly Avg.)	60 (Max)	MG/L	Every Two Weeks

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	697-4797	06-05-15

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

690

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
PARM Code 00400 A Mon. Site No. EPA-1 Coliform, Fecal	Permit Requirement			6.7 7.0 6.0 (Min.) 8.5 (Max.)	SU	0	5 Days/Week	Grab
PARM Code 74055 Y Mon. Site No. EPA-1 Coliform, Fecal	Permit Requirement			200 (An. Avg.)	#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 A Mon. Site No. EPA-1 Total Residual Chlorine (For Disinfection)	Permit Requirement			<1 400 (90%) Report (Mo. Gen. Mean) 800 (Max.)	#/100ML	0	Every Two Weeks	Grab
PARM Code 50060 A Mon. Site No. EPA-1 Nitrogen, Nitrate, Total (as N)	Permit Requirement			1.4 0.5 (Min.)	MGL	0	5 Days/Week	Grab
PARM Code 00620 A Mon. Site No. EPA-1 BOD, Carbonaceous 5 day, 20C	Permit Requirement			0.48 12.0 (Max.)	MGL	0	Every Two Weeks	8-hr. FPC
PARM Code 80082 G Mon. Site No. INF-1 Solids, Total Suspended	Permit Requirement			310 Report (Mo. Avg.)	MGL	0	Every Two Weeks	8-hr. FPC
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement			233 Report (Mo. Avg.)	MGL	0	Every Two Weeks	8-hr. FPC
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

12345678910111213141516171819202122232425262728293031323334353637383940414243444546474849505152535455565758596061626364656667686970717273747576777879808182838485868788899091929394959697989910010110210310410510610710810911011111211311411511611711811912012112212312412512612712812913013113213313413513613713813914014114214314414514614714814915015115215315415515615715815916016116216316416516616716816917017117217317417517617717817918018118218318418518618718818919019119219319419519619719819920020120220320420520620720820921021121221321421521621721821922022122222322422522622722822923023123223323423523623723823924024124224324424524624724824925025125225325425525625725825926026126226326426526626726826927027127227327427527627727827928028128228328428528628728828929029129229329429529629729829930030130230330430530630730830931031131231331431531631731831932032132232332432532632732832933033133233333433533633733833934034134234334434534634734834935035135235335435535635735835936036136236336436536636736836937037137237337437537637737837938038138238338438538638738838939039139239339439539639739839940040140240340440540640740840941041141241341441541641741841942042142242342442542642742842943043143243343443543643743843944044144244344444544644744844945045145245345445545645745845946046146246346446546646746846947047147247347447547647747847948048148248348448548648748848949049149249349449549649749849950050150250350450550650750850951051151251351451551651751851952052152252352452552652752852953053153253353453553653753853954054154254354454554654754854955055155255355455555655755855956056156256356456556656756856957057157257357457557657757857958058158258358458558658758858959059159259359459559659759859960060160260360460560660760860961061161261361461561661761861962062162262362462562662762862963063163263363463563663763863964064164264364464564664764864965065165265365465565665765865966066166266366466566666766866967067167267367467567667767867968068168268368468568668768868969069169269369469569669769869970070170270370470570670770870971071171271371471571671771871972072172272372472572672772872973073173273373473573673773873974074174274374474574674774874975075175275375475575675775875976076176276376476576676776876977077177277377477577677777877978078178278378478578678778878979079179279379479579679779879980080180280380480580680780880981081181281381481581681781881982082182282382482582682782882983083183283383483583683783883984084184284384484584684784884985085185285385485585685785885986086186286386486586686786886987087187287387487587687787887988088188288388488588688788888989089189289389489589689789889990090190290390490590690790890991091191291391491591691791891992092192292392492592692792892993093193293393493593693793893994094194294394494594694794894995095195295395495595695795895996096196296396496596696796896997097197297397497597697797897998098198298398498598698798898999099199299399499599699799899910001001100210031004100510061007100810091010101110121013101410151016101710181019102010211022102310241025102610271028102910301031103210331034103510361037103810391040104110421043104410451046104710481049105010511052105310541055105610571058105910601061106210631064106510661067106810691070107110721073107410751076107710781079108010811082108310841085108610871088108910901091109210931094109510961097109810991100110111021103110411051106110711081109111011111112111311141115111611171118111911201121112211231124112511261127112811291130113111321133113411351136113711381139114011411142114311441145114611471148114911501151115211531154115511561157115811591160116111621163116411651166116711681169117011711172117311741175117611771178117911801181118211831184118511861187118811891190119111921193119411951196119711981199120012011202120312041205120612071208120912101211121212131214121512161217121812191220122112221223122412251226122712281229123012311232123312341235123612371238123912401241124212431244124512461247124812491250125112521253125412551256125712581259126012611262126312641265126612671268126912701271127212731274127512761277127812791280128112821283128412851286128712881289129012911292129312941295129612971298129913001

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YYYYMMDD)
Patrick Godwin, Lead Operator			697-4797 06-06-15

DOI: 10.1002/anie.201200014

[illegible]

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period:

FLA014053

From:

7-01-06 To: 4-30-06

Facility: Sandalhaven WWTP

	Flow (MGD)	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	pH (SU)	TRC (For Disinfect.) (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	CBOD5 (MG/L)	TSS (MG/L)	
Code	50050	50050	80082	00530	00400	50060	74055	00620	80082	00530	
Mon. Site	OTH-1A	OTH-1B	INF-1	INF-1	EPA-1	EPA-1	EPA-1	EPA-1	EPA-1	EPA-1	
1	0.084	0			6.9	3.9					
2	0.084	0			6.8	4.0					
3	0.082	0			6.9	4.5	<1				
4	0.087	0			6.9	3.7	<1				
5	0.062	0			6.9	5.0	<1				
6	0.080	0			6.7	5.0	<1				
7	0.072	0			6.8	5.0					
8	0.075	0			6.8	5.0					
9	0.076	0			6.8	4.6					
10	0.080	0			6.8	3.2	<1				
11	0.067	0	266	172	6.8	5.0	<1	0.26	<2	<0.6	
12	0.065	0			6.7	5.0	<1				
13	0.064	0			6.7	4.7	<1				
14	0.064	0			6.7	4.6					
15	0.074	0			6.8	4.6					
16	0.069	0			6.8	4.5					
17	0.072	0			6.8	3.5	<1				
18	0.077	0			6.8	3.7	<1				
19	0.078	0			6.8	2.5	<1				
20	0.074	0			6.8	3.0	<1				
21	0.071	0			6.9	3.9					
22	0.073	0			6.8	3.8					
23	0.068	0			6.8	4.0					
24	0.066	0			6.9	1.4	<1				
25	0.062	0	354	294	6.9	1.5	<1	0.48	<2	<0.6	
26	0.061	0			7.0	3.5	<1				
27	0.068	0			7.0	2.1	<1				
28	0.057	0			6.9	4.4					
29	0.059	0			6.8	4.7					
30	0.056	0			6.8	4.4					
31											
Total	2127	0									
Mo. Avg.	0.071	0	310	233	6.8	4.0	<1	0.37	<2	<0.6	

PLANT STAFFING

Day Shift Operator

Class:

C

Certificate No:

0013850

Name:

Michael Monat

Evening Shift Operator

Class:

C

Certificate No:

0013794

Name:

Ted Burleson

Night Shift Operator

Class:

Certificate No:

Name:

Lead Operator

Class:

B

Certificate No:

0007518

Name:

Patrick Godwin

UTILITIES INC OF HUTCHINSON ISLAND

AN AFFILIATE OF UTILITIES INC

600 N.E. OCEAN BLVD
STUART, FLORIDA 34996COMMUNICATIONS OFFICES:
2500 Henderson Road
P.O. Box 61, Miramar, FL 33187
Tel: 305-496-1440*SANDALHAVEN*Telephone: 772-424-7888
Florida 800-441-1015
Fax: 772-424-7888
Florida@utilhisc.com**Fax Transmittal**

TO: *Jackie T* Date: _____
FROM: *U.I.* Fax #: _____
SUBJECT: *Lennie G. / Sandalhaven* Pages: *7* including this cover page.
REFERENCE: *DMR*

☐ NO INFO
AND REQUESTED☐ For Your Review
Please Comment☐ For your
Information☐ Please
ReplyOriginal ☐ will not be sent
via U.S. MAIL**Messages:***DMR**Thank's**Lennie G*

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FILE COPY

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2549, Ft. Myers, FL 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
 MAILING ADDRESS: 200 Weathersfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014053

LIMIT: Final
 CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

FACILITY: Sandalhaven WWTP
 LOCATION: 6811 Placida Road
 Englewood, FL 34224

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

COUNTY: Charlotte

NO DISCHARGE FROM SITE: ☒
 MONITORING PERIOD From: 3-01-06 To: 3-31-06

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.003							Ø		
PARM Code 50050 Y Mon. Site No. OTH-1B	Permit Requirement	0.15 (An. Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0.033							Ø		
PARM Code 50050 P Mon. Site No. OTH-1B	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				< 2				Ø		
PARM Code 80082 Y Mon. Site No. EPA-1	Permit Requirement				20.0 (An. Avg.)			MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				< 2	< 2	< 2		Ø		
PARM Code 80082 A Mon. Site No. EPA-1	Permit Requirement				30.0 (Mo. Avg.)	45.0 (Weekly Avg.)	60 (Max)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				0.69				Ø		
PARM Code 00530 Y Mon. Site No. EPA-1	Permit Requirement				20.0 (An. Avg.)			MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				0.75	0.75	0.9		Ø		
PARM Code 00530 A Mon. Site No. EPA-1	Permit Requirement				30.0 (Mo. Avg.)	45.0 (Weekly Avg.)	60 (Max)	MG/L		Every Two Weeks	8-hr. FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Patrick Godwin Lead Operator	Patrick Godwin	697-4797	06-04-18

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

Parameter	Sample Measurement	Quantity or Loading	Units	Quality of Concentration		Units	No. Ex.	Frequency of Analysts	Sample Type
pH	Sample Measurement			6.7	7.1		0		
PARM Code 00400 A Mon. Site No. EPA-1	Permit Requirement			6.0 (Min.)	8.5 (Max.)			5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			<1			0		
PARM Code 74055 Y Mon. Site No. EPA-1	Permit Requirement			200 (An. Avg.)				Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement			<1	<1		0		
PARM Code 74055 A Mon. Site No. EPA-1	Permit Requirement			Report (Mo. Geo. Mean)	400 (90%)	800 (Max.)		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.8			0		
PARM Code 50060 A Mon. Site No. EPA-1	Permit Requirement			0.5 (Min.)				5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			0.59			0		
PARM Code 00620 A Mon. Site No. EPA-1	Permit Requirement			12.0 (Max.)				Every Two Weeks	8-hr. PPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			341			0		
PARM Code 80062 G Mon. Site No. INF-1	Permit Requirement			Report (Mo. Avg.)				Every Two Weeks	8-hr. PPC
Solids, Total Suspended	Sample Measurement			536			0		
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement			Report (Mo. Avg.)				Every Two Weeks	8-hr. PPC
	Sample Measurement								
	Permit Requirement								
	Sample Measurement								
	Permit Requirement								

When completed until this report for Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2549, Ft. Myers, FL 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
MAILING ADDRESS: 200 Weatherford Avenue
Altamonte Springs, FL 32714

FACILITY: Sandalhaven WWTP
6811 Piactida Road
Englewood, FL 34224

COUNTY: Charlotte

PERMIT NUMBER: FLA014051
LIMIT: CLASS SIZE: N/A
MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: NO DISCHARGE FROM SITE ☒

MONITORING PERIOD From: 3-01-06 To: 3-31-06

3-31-06

REPORT GROUP: Monthly

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
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Flow	Sample	Measurement	0.094																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		</
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Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				<1				Ø		
PARM Code 74055 A	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.8				Ø		
PARM Code 50060 A	Permit Requirement				1.0 (Min.)			MG/L		Continuous	Grab
Turbidity	Sample Measurement				6.7				Ø		
PARM Code 00070 B	Permit Requirement				(Max)			NTU		Continuous	Meter
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA014053

From: 3-01-06 To: 3-31-06

Facility: Sandalhaven WWTP

	Flow (MGD)	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	pH (SU)	TRC (For Disinfect.) (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	CBOD5 (MG/L)	TSS (MG/L)	
	<u>REUSE</u>	<u>RIB</u>									
Code	50050	50050	80082	00530	00400	30060	74055	00620	80082	00530	
Mon. Site	OTH-1A	OTH-1B	INF-1	INF-1	EPA-1	EPA-1	EPA-1	EPA-1	EPA-1	EPA-1	
1	0.111	0.070			6.9	5.0	<1	0.59			
2	0.110	0.110			6.9	3.8	<1	0.01			
3	0.110	0.110			7.0	1.8					
4	0.110	0.110			6.9	1.8					
5	0.205	0.205			6.7	3.6					
6	0.199	0.199			6.8	5.0	<1	0.16			
7	0.109	0.109			6.8	5.0	<1	0.29			
8	0.122	0.122			6.8	5.0	<1	0.02			
9	0.112	Ø			6.9	5.0	<1	0.39			
10	0.092	Ø			6.9	3.3					
11	0.096	Ø			6.8	5.0					
12	0.104	Ø			6.8	5.0					
13	0.108	Ø			6.9	4.4	<1				
14	0.098	Ø	282	172	7.0	5.0	<1	0.52	<2	0.9	
15	0.103	Ø			7.1	4.6	<1				
16	0.111	Ø			7.0	3.4	<1				
17	0.113	Ø			7.0	4.4					
18	0.097	Ø			6.9	4.6					
19	0.115	Ø			6.9	4.2					
20	0.104	Ø			7.0	3.1	<1				
21	0.119	Ø			6.8	4.5	<1				
22	0.099	Ø			7.0	3.7	<1				
23	0.103	Ø			7.0	3.7	<1				
24	0.111	Ø			6.9	3.8					
25	0.095	Ø			6.8	4.8					
26	0.112	Ø			6.8	4.1					
27	0.102	Ø			6.9	3.9	<1				
28	0.096	Ø	400	900	6.9	4.8	<1	0.22	<2	<0.6	
29	0.092	Ø			6.9	3.9	<1				
30	0.092	Ø			6.9	3.8	<1				
31	0.097	Ø			6.8	3.6					
Total	3.447	1.035	682	1072				2.20		1.5	
Mo. Avg.	0.111	0.033	341	536	6.9	4.1	<1	0.28	<2	<0.	

EST.

PLANT STAFFING:

Day Shift Operator

Class: CCertificate No: 0013850 Name: Michael Monat

Evening Shift Operator

Class: CCertificate No: 0013794 Name: Ted Burleson

Night Shift Operator

Class: BCertificate No: 0007518 Name: Patrick Godwin

Lead Operator

Class: BCertificate No: 0007518 Name: Patrick Godwin

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA014053

FLA014053
From: 3-01-06 To: 3-31-06

Facility: Sanda Haven WWTP

Code	TSS (MG/L)	Turbidity (NTU)
00530	00070	
Mon. Site	BFB-1	BFB-1
1	6.1	5.00+
2	6.6	5.00+
3		5.00+
4		5.00+
5		5.00+
6	4.6	5.00+
7	6.7	5.00+
8	1.1	5.00+
9	1.0	4.22
10		2.85
11		2.65
12		1.58
13	1.2	1.98
14	1.6	1.86
15	1.6	2.40
16	2.1	2.86
17		1.45
18		.98
19		.92
20	1.3	1.10
21	0.8	1.36
22	1.5	1.25
23	1.8	1.40
24		.69
25		1.30
26		.62
27	0.7	.65
28	<0.6	.95
29	<0.6	1.18
30	<0.6	1.19
31		1.00
Total		
Mo. Avg	2.3	

PLANT STAFFING:

Day Shift Operator

Class:

C

Certificate No:

0013850

Name:

Michael Monat

Evening Shift Operator

Class:

C

Certificate No:

0013394

Name:

Ted Burleson

Night Shift Operator

Close:

Certificate No:

Name:

100

Lead Operator

Class;

B

Certificate No:

0007518

Name: _____

Patrick Godwin

Jackie Tappan

From: Richard Retz [r.retz@utilitiesinc-usa.com]
Sent: Thursday, April 20, 2006 8:43 AM
To: 'Jackie Tappan'
Cc: 'Patrick Flynn'
Subject: March 2006 Sandalhaven DMR

Jackie,

I received the fax concerning the 6.7 TSS for Sandalhaven March 2006 DMR. The exceedance is not considered an excursion if the plant diverts to the reject pond, which it did. It is only noted as an excursion if the effluent left the plant.

Richard W. Retz
Regional Manager
Utilities, Inc. of Florida
200 Weathersfield Avenue
Altamonte Springs, Fl. 32714
407.869.8588, ext. 500
r.retz@utilitiesinc-usa.com

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FILE COPY

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2549, Ft. Myers, FL 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014053

LIMIT: Final
CLASS SIZE: N/AREPORT: Monthly
GROUP: DomesticFACILITY: Sandalhaven WWTP
LOCATION: 6811 Placida Road
Englewood, FL 34224MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: including Influent

COUNTY: Charlotte

NO DISCHARGE FROM SITE: ☒

MONITORING PERIOD From: 2-01-06 To 2-28-06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	ϕ				ϕ		
PARM Code 50050 Y Mon. Site No. OTH-1B	Permit Requirement	0.15 (An. Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow	Sample Measurement	ϕ				ϕ		
PARM Code 50050 P Mon. Site No. OTH-1B	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement			< 2		ϕ		
PARM Code 80082 Y Mon. Site No. EPA-1	Permit Requirement			20.0 (An. Avg.)	MGL		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			< 2	< 2	< 2		
PARM Code 80082 A Mon. Site No. EPA-1	Permit Requirement			30.0 (Mo. Avg.)	45.0 (Weekly Avg.)	60 (Max)	Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			0.7		ϕ		
PARM Code 00530 Y Mon. Site No. EPA-1	Permit Requirement			20.0 (An. Avg.)		MGL	Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			0.85	0.85	1.1		
PARM Code 00530 A Mon. Site No. EPA-1	Permit Requirement			30.0 (Mo. Avg.)	45.0 (Weekly Avg.)	60 (Max)	Every Two Weeks	8-hr. FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	697-4797	06-3-15

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

FACILITY: Sandalhaven WWTP

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From 2-01-06 To 2-28-06

PERMIT NUMBER: HA014053

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			6.6	7.0			Ø		
PARM Code 00400 A	Permit Requirement			6.0 (Min.)	8.5 (Max.)		SI		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			<1				Ø		
PARM Code 74055 Y	Permit Requirement			200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement			<1	<1	<1		Ø		
PARM Code 74055 A	Permit Requirement			Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.1				Ø		
PARM Code 50060 A	Permit Requirement			0.5 (Min.)			MGL		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			0.48				Ø		
PARM Code 00620 A	Permit Requirement			12.0 (Max.)			MGL		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			181				Ø		
PARM Code 80082 G	Permit Requirement			Report (Mo.Avg.)			MGL		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			153				Ø		
PARM Code 00530 G	Permit Requirement			Report (Mo.Avg.)			MGL		Every Two Weeks	8-hr. FPC
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2549, Ft. Myers, FL 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014053

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Sandalhaven WWTP
LOCATION: 6811 Placida Road
Englewood, FL 34224

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC:

COUNTY: Charlotte

NO DISCHARGE FROM SITE ☒
MONITORING PERIOD From: 2-01-06 To 2-28-06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.096				Ø		
PARM Code 50050 Y Mon.Site No. OTH-1A	Permit Requirement	0.10 (An.Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0.123				Ø		
PARM Code 50050 P Mon.Site No. OTH-1A	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<2		Ø		
PARM Code 80082 Y Mon.Site No. EPA-1	Permit Requirement			20.0 (An.Avg.)			Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<2	<2	Ø		
PARM Code 80082 A Mon.Site No. EPA-1	Permit Requirement			30.0 (Mo.Avg.)	45.0 (Weekly Avg.)		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			2.7		Ø		
PARM Code 00530 B Mon.Site No. EFB-1	Permit Requirement			5.0 (Max.)			4 Days/Week	Grab
pH	Sample Measurement			6.6	7.0	Ø		
PARM Code 00400 A Mon.Site No. EPA-1	Permit Requirement			6.0 (Min.)	8.5 (Max.)		5 Days/Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	697-4797	06-03-15

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

Parameter	Quantity or Loading		Units	Quality or Concentration		Units	Frequency of Analysis	No. Ex.	Sample Type
Coliform, Fecal PARM Code 74055 A Mon. Site No. EFA-1	Sample								
	Measurement								
	Permit Requirement								
	Sample								
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon. Site No. EFA-1	Measurement								
	Permit Requirement								
	Sample								
	Measurement								
Turbidity PARM Code 00070 B Mon. Site No. EFB-1	Permit Requirement								
	Sample								
	Measurement								
	Permit Requirement								
	Sample								
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DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA014053

From: 2-01-06 To: 2-28-06

Facility: Sandalhaven WWTP

	Flow (MGD)	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	pH (SU)	TRC (For Disinfect.) (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	CBOD5 (MG/L)	TSS (MG/L)	
Code	50050	50050	80082	00530	00400	50060	74055	00620	80082	00530	
Mon. Site	OTH-1A	OTH-1B	INF-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	
1	0.102	0			6.9	4.0	<1				
2	0.095	0			6.9	3.4	<1				
3	0.091	0			6.9	2.6					
4	0.117	0			6.9	2.2					
5	0.173	0			6.9	2.5					
6	0.116	0			6.9	3.3	<1				
7	0.145	0			6.9	3.4	<1				
8	0.117	0			6.8	3.9	<1				
9	0.126	0			6.6	4.8	<1				
10	0.134	0			6.7	4.7					
11	0.124	0			6.9	4.2					
12	0.139	0			6.7	4.5					
13	0.128	0			6.8	4.3	<1				
14	0.124	0	202	144	6.8	5.0	<1	0.14	<2	<0.6	
15	0.128	0			6.9	5.0	<1				
16	0.143	0			6.9	5.0	<1				
17	0.121	0			6.9	5.0					
18	0.114	0			6.9	5.0					
19	0.124	0			6.8	5.0					
20	0.123	0			6.8	4.1	<1				
21	0.118	0			6.9	3.8	<1				
22	0.127	0			7.0	4.2	<1				
23	0.125	0			7.0	3.1	<1				
24	0.144	0			6.8	4.3					
25	0.138	0			6.7	4.6					
26	0.102	0			6.6	2.1					
27	0.100	0			6.8	3.6	<1				
28	0.112	0	159	192	6.8	4.1	<1	0.48	<2	1.1	
29											
30											
31											
Total	3450	0									
Mo. Avg.	0.123	0	181	153	6.8	4.0	<1	0.31	<2	0.85	

PLANT STAFFING:

Day Shift Operator

Class: CCertificate No: 0013850Name: Michael Monat

Evening Shift Operator

Class: CCertificate No: 0013794Name: Ted Burleson

Night Shift Operator

Class: Certificate No: Name:

Lead Operator

Class: BCertificate No: 0007518Name: Patrick Godwin

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FILE COPY

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2549, Ft. Myers, FL, 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014053

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Sandalhaven WWTP
LOCATION: 6811 Placida Road
Englewood, FL 34224

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: , including influent

COUNTY: Charlotte

NO DISCHARGE FROM SITE: ☒

MONITORING PERIOD From: 1-01-06 To 1-31-06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	Ø				Ø		
PARM Code 50050 Y Mon. Site No. OTH-1B	Permit Requirement	0.15 (An. Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow	Sample Measurement	Ø				Ø		
PARM Code 50050 P Mon. Site No. OTH-1B	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<2		Ø		
PARM Code 80082 Y Mon. Site No. EPA-1	Permit Requirement			20.0 (An. Avg.)	MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<2	<2	Ø		
PARM Code 80082 A Mon. Site No. BFA-1	Permit Requirement			30.0 (Mo. Avg.)	45.0 (Weekly Avg.)	60 (Max)	MG/L	Every Two Weeks
Solids, Total Suspended	Sample Measurement			<0.7		Ø		
PARM Code 00530 Y Mon. Site No. EPA-1	Permit Requirement			20.0 (An. Avg.)			MG/L	Every Two Weeks
Solids, Total Suspended	Sample Measurement			0.6	0.6	0.7		
PARM Code 00530 A Mon. Site No. EPA-1	Permit Requirement			30.0 (Mo. Avg.)	45.0 (Weekly Avg.)	60 (Max)	MG/L	Every Two Weeks

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	697-4797	06-01-15

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Sandalhaven WWTP

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: 1-01-06 To: 1-31-06

PERMIT NUMBER: FLA014053

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	Frequency of Analysis	No. Ex.	Sample Type
pH	Sample Measurement						
PARM Code 00400 A Mon. Site No. EPA-1	Permit Requirement		6.5				
Coliform, Fecal	Sample Measurement		7.0				
	Permit Requirement		6.0 (Min.)				
PARM Code 74035 Y Mon. Site No. EPA-1	Permit Requirement		8.5 (Max.)				
Coliform, Fecal	Sample Measurement		<1				Grab
	Permit Requirement		200 (Ar. Avg.)				
PARM Code 74055 A Mon. Site No. EPA-1	Permit Requirement		<1				Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement		<1				
	Permit Requirement		Report (No. Gen. Mean)				
PARM Code 50060 A Mon. Site No. EPA-1	Permit Requirement		1.1				Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement		0.5 (Min.)				
	Permit Requirement		0.30				
PARM Code 00620 A Mon. Site No. EPA-1	Permit Requirement		12.0 (Max.)				8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.04				
	Permit Requirement		Report (No. Avg.)				
PARM Code 80052 G Mon. Site No. INF-1	Permit Requirement		2.41				8-hr. FPC
Solids, Total Suspended	Sample Measurement		Report (No. Avg.)				
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement		Report (No. Avg.)				8-hr. FPC
	Sample Measurement						
	Permit Requirement						
	Sample Measurement						
	Permit Requirement						
	Sample Measurement						
	Permit Requirement						

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P O Box 2549, Ft. Myers, FL, 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

FACILITY: Sandalhaven WWTP
LOCATION: 6811 Phicida Road
Englewood, FL 34224

COUNTY: Charlotte

PERMIT NUMBER FLA014053

LIMIT: Final
CLASS SIZE: N/A

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC:

REPORT: Monthly
GROUP: Domestic

NO DISCHARGE FROM SITE: ☒ From: 1-01-06 To 1-31-06

Parameter	Sample Measurement Permit Requirement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow								
PARM Code 50050 Y	0.096							
Mon. Site No. OTH-1A	0.10 (An. Avg.)		MGD				5 Days/Week	Flow Totalizer
Flow								
PARM Code 50090 P	0.090							
Mon. Site No. OTH-1A	Report (Mo. Avg.)		MGD				5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C								
PARM Code 80082 Y				< 2				
Mon. Site No. EPA-1				20.0 (An. Avg.)			Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C								
PARM Code 80082 A				< 2				
Mon. Site No. EPA-1				30.0 (Mo. Avg.)			Every Two Weeks	8-hr. FPC
Solids, Total Suspended				1.8				
PARM Code 00530 B				5.0 (Max.)			3 Days/Week	Grab
Mon. Site No. BFB-1				6.5			5 Days/Week	Grab
pH				6.5 (Min.)				
PARM Code 00400 A				7.0				
Mon. Site No. EPA-1				8.5 (Max.)				

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	697-4797	06-01-15

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Sandalhaven WWTP

MONITORING GROUP NUMBER: R-002

MONITORING PERIOD From: 1-01-06 To: 1-31-06

PERMIT NUMBER: FLA014053

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				<1				0		
PARM Code 74055 A	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.1				0		
PARM Code 50060 A	Permit Requirement				1.0 (Min.)			MG/L		Continuous	Grab
Turbidity	Sample Measurement				1.55				0		
PARM Code 00070 B	Permit Requirement				(Max)			NTU		Continuous	Meter
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
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PAGE 05

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA014053

From: 1-01-06

To: 1-31-06

Facility: Sandalhaven WWTP

	Flow (MGD)	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	pH (SU)	TRC (For Disinfect.) (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	CBOD5 (MG/L)	TSS (MG/L)	
Code	50050	50050	80082	00530	00400	50060	74055	00620	80082	00530	
Mon. Site	OTH-1A	OTH-1B	INF-1	INF-1	EPA-1	EPA-1	EPA-1	EPA-1	EPA-1	EPA-1	
1	0.100	Ø			6.5	4.7					
2	0.092	Ø			6.8	4.8					
3	0.091	Ø	170	356	6.8	4.2	<1	0.12	<2	<0.6	
4	0.091	Ø			6.9	4.4	<1				
5	0.090	Ø			6.9	4.3	<1				
6	0.082	Ø			7.0	3.9	<1				
7	0.081	Ø			6.7	4.6					
8	0.085	Ø			6.6	4.7					
9	0.089	Ø			6.6	4.7	<1				
10	0.085	Ø			6.7	3.8	<1				
11	0.096	Ø			6.6	3.7	<1				
12	0.090	Ø			6.6	3.3	<1				
13	0.097	Ø			6.7	3.7					
14	0.090	Ø			6.7	3.7					
15	0.084	Ø			6.6	4.3					
16	0.093	Ø			6.6	3.3	<1				
17	0.096	Ø	251	136	6.8	3.8	<1	0.14	<2	0.7	
18	0.100	Ø			6.8	4.0	<1				
19	0.095	Ø			6.7	4.7	<1				
20	0.093	Ø			6.8	4.1					
21	0.103	Ø			6.8	4.0					
22	0.095	Ø			6.6	4.1					
23	0.100	Ø			6.6	2.0	<1				
24	0.095	Ø			6.9	2.0	<1				
25	0.097	Ø			6.6	1.7	<1				
26	0.098	Ø			6.7	2.0	<1				
27	0.083	Ø			6.8	2.1					
28	0.064	Ø			6.8	1.3					
29	0.084	Ø			6.8	1.1					
30	0.092	Ø			6.7	2.3	<1				
31	0.073	Ø	190	232	6.8	5.0	<1	0.30	<2	<0.6	
Total	2.804	Ø									
No. Avg.	0.090	Ø	204	241	6.7	3.6	<1	0.19	<2	0.6	

PLANT STAFFING:

Day Shift Operator

Class:

C

Certificate No:

0013850

Name:

Michael Monat

Evening Shift Operator

Class:

C

Certificate No:

0013794

Name:

Ted Burleson

Night Shift Operator

Class:

Certificate No:

Name:

Lead Operator

Class:

B

Certificate No:

0007518

Name:

Patrick Godwin

[illegible]

PERMIT NUMBER: 01-371-0031

MONITORING PERIOD From: 10-01-06 To: _____

10-31-06

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	Frequency of Analysis	Sample Type
pH	Sample Measurement		6.4			
PARM Code 00400 A	Permit Requirement		6.0 (Min.)			
Mon. Site No. EFA-1	Sample		8.5 (Max.)			
Coliform, Fecal	Measurement		1.6		5 Days/Week	Grab
PARM Code 74055 Y	Permit Requirement		200 (An. Avg.)			
Mon. Site No. EFA-1	Sample		<1		Every Two Weeks	Grab
Coliform, Fecal	Measurement		<1			
PARM Code 74055 A	Permit Requirement		Report (Mo. Geo Mean)			
Mon. Site No. EFA-1	Sample		400 (90%)		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Measurement	*	0.9			
PARM Code 50060 A	Permit Requirement		0.5 (Min.)			
Mon. Site No. EFA-1	Sample		0.61		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Measurement					
PARM Code 00620 A	Permit Requirement		12.0 (Max.)		Every Two Weeks	8-hr. FPC
Mon. Site No. EFA-1	Sample		117			
BOD, Carbonaceous 5 day, 20C	Measurement		Report (Mo. Avg.)		Every Two Weeks	8-hr. FPC
PARM Code 80082 G	Permit Requirement		178			
Mon. Site No. INF-1	Sample		Report (Mo. Avg.)		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Measurement					
PARM Code 00530 G	Permit Requirement					
Mon. Site No. INF-1	Sample					
	Measurement					
	Permit Requirement					
	Sample					
	Measurement					
	Permit Requirement					

* 10-10-06 Cl₂ Dropped to 0.9 for about 15 mins } because of high flow

NON-DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2549, Ft. Myers, FL 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FL A014053

EMITT: Final
CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

FACILITY: Sandalhaven WWTP
LOCATION: 6811 Placida Road
Englewood, FL 34224

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC:

COUNTY: Charlotte

NO DISCHARGE FROM SITE: ☒

MONITORING PERIOD From: 10-01-06 To 10-31-06

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.088						Ø		
PARM Code 50050 Y Mon.Site No. OTH-1A	Permit Requirement	0.10 (An.Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0.071						Ø		
PARM Code 50050 P Mon.Site No. OTH-1A	Permit Requirement	Report (Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.1				Ø		
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<2	<2	<2		Ø		
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement			30.0 (Mo.Avg.)	45.0 (Weekly Avg.)	60 (Max.)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			0.9				Ø		
PARM Code 00530 B Mon.Site No. EFB-1	Permit Requirement			5.0 (Max.)			MG/L		4 Days/Week	Grab
pH	Sample Measurement			6.4	6.8			Ø		
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement			6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	697-4797	06-11-25

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

Parameter	Sample Measurement	Quantity or Loading	Units	Quantity or Concentration	Units	Frequency of Analysis	Sample Type
Coliform, Total PARM Code 74055 A Mon. Site No. EFA-1	Sample Measurement						
	Permit Requirement			2			
	Sample Measurement			25 (Max.)		4 Days/Week	Grab
	Permit Requirement			0.9			
Total Residual Chlorine (Fw Disinfection) PARM Code 50060 A Mon. Site No. EFA-1	Sample Measurement			1.0 (Min.)		Continuous	Grab
	Permit Requirement			2.90			
	Sample Measurement			(Max.)			
	Permit Requirement						
PARM Code 09070 B Mon. Site No. EFB-1	Sample Measurement				NTU	Continuous	Meter
	Permit Requirement						
	Sample Measurement						
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Facility: Sandhaven WWTP

[illegible]

PLANT STAFFING:

Day Shift Operator

CIRCS:

2

Certificate No:

Name:

Evening Shift Operator

Class:

c

Certificate No:

NAME:

Night Shift Operator

Class:

Certificate No:

Name:

Lead Operator

Class:

E

Certificate No:

Name:

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period:

FLA014053

From:

FD-01-06

To: 10-31-06

Facility:

Sandhaven WWTP

	Flow (MGD)	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	pH (SU)	TRC (For Disinfect.) (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	CBOD5 (MG/L)	TSS (MG/L)	
Code	50050	50050	80082	00530	00480	50060	74055	00620	80082	00530	
Mon. Site	OTH-1A	OTH-1B	INF-1	INF-1	EPA-1	EPA-1	EPA-1	EPA-1	EPA-1	EPA-1	
1	0.074	0			6.7	1.2					
2	0.073	0			6.6	5.0	<1				
3	0.070	0			6.7	5.0	<1				
4	0.082	0			6.8	4.7	<1				
5	0.069	0			6.7	5.0	<1				
6	0.070	0			6.7	5.0					
7	0.067	0			6.5	2.5					
8	0.063	0			6.5	4.0					
9	0.075	0			6.6	1.7	<1				
10	0.068	0	96	170	6.6	0.9	<1	0.61	<2	<0.6	
11	0.063	0			6.6	2.8	<1				
12	0.065	0			6.6	4.2	<1				
13	0.064	0			6.6	1.9					
14	0.061	0			6.5	3.0					
15	0.066	0			6.5	2.7					
16	0.070	0			6.6	2.0	<1				
17	0.069	0			6.6	2.5	<1				
18	0.050	0			6.7	1.8	<1				
19	0.069	0			6.7	1.1	<1				
20	0.076	0			6.7	1.0					
21	0.072	0			6.7	3.1					
22	0.061	0			6.7	1.3					
23	0.062	0			6.6	2.8					
24	0.067	0	138	186	6.8	2.5		0.23	<2	1.1	
25	0.062	0			6.8	1.6	2				
26	0.067	0			6.7	5.0	<1				
27	0.076	0			6.8	1.2	<1				
28	0.100	0			6.7	1.1	<1				
29	0.086	0			6.7	1.3					
30	0.085	0			6.4	1.3	<1				
31	0.084	0			6.7	1.5	<1				
Total	2.186	0						.84			
Mo. Avg.	0.071	0	117	178	6.6	2.6	<1	.42	<2	.85	

PLANT STAFFING:

Day Shift Operator

Class:

C

Certificate No:

0013850

Name:

Michael Monat

Evening Shift Operator

Class:

C

Certificate No:

0013794

Name:

Ted Burleson

Night Shift Operator

Class:

Certificate No:

Name:

Lead Operator

Class:

B

Certificate No:

0007518

Name:

Patrick Godwin

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2549, Ft. Myers, FL 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014053

LIMIT: Final
CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

FACILITY: Sandalhaven WWTP
LOCATION: 6811 Placida Road
Englewood, FL 34224

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: including Influent

COUNTY: Charlotte

NO DISCHARGE FROM SITE ☒

MONITORING PERIOD From: 09-01-06 To 09-30-06

FILE COPY

10/21/2006

14:20

9416978959

SANDALHAVEN UTL

PAGE 02

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.006						Ø		
PARM Code 50050 Y	Permit Requirement	0.15 (An. Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement	Ø						Ø		
PARM Code 50050 P	Permit Requirement	Report (Mo. Avg.)	MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.1				Ø		
PARM Code 80082 Y	Permit Requirement			20.0 (An. Avg.)			MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			< 2	< 2	< 2		Ø		
PARM Code 80082 A	Permit Requirement			30.0 (Mo. Avg.)	45.0 (Weekly Avg.)	60 (Max)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			.68				Ø		
PARM Code 00530 Y	Permit Requirement			20.0 (An. Avg.)			MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			< 0.6	< 0.6	< 0.6		Ø		
PARM Code 00530 A	Permit Requirement			30.0 (Mo. Avg.)	45.0 (Weekly Avg.)	60 (Max)	MG/L		Every Two Weeks	8-hr. FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Patrick Godwin Lead Operaton	Patrick Godwin	697-4797	06-10-20

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Sandalhaven WWT*

MONITORING GROUP NUMBER R-001
MONITORING PERIOD From: 09-01-06 To: 09-30-06

PERMIT NUMBER: FLA011053

Parameter	Quantity or Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement		6.4	6.8		0		
PARM Code 00400 A Mon. Site No. EPA-1 Codium, Fecal	Permit Requirement		6.0 (Min.)	8.5 (Max.)		0	5 Days/Week	Grab
PARM Code 74055 Y Mon. Site No. EPA-1 Codium, Fecal	Sample Measurement		<1			0		
	Permit Requirement		200 (Mo. Avg.)				Every Two Weeks	Grab
PARM Code 74055 A Mon. Site No. EPA-1 Total Residual Chlorine (For Disinfection)	Sample Measurement		<1	<1		0		
	Permit Requirement		Report (Mo. Geo. Mean)	400 (90%)			Every Two Weeks	Grab
PARM Code 50060 A Mon. Site No. EPA-1 Nitrogen, Nitrate, Total (as N)	Sample Measurement	*	0.8			0		
	Permit Requirement		0.5 (Min.)				5 Days/Week	Grab
PARM Code 00620 A Mon. Site No. EPA-1 BOD, Carbonaceous 5 day, 20C	Sample Measurement		6.18			0		
	Permit Requirement		12.0 (Max.)				Every Two Weeks	8-hr. FPC
PARM Code 80082 G Mon. Site No. INP-1 Solids, Total Suspended	Sample Measurement		51			0		
	Permit Requirement		Report (Mo. Avg.)				Every Two Weeks	8-hr. FPC
PARM Code 00530 G Mon. Site No. INP-1	Sample Measurement		67.5			0		
	Permit Requirement		Report (Mo. Avg.)				Every Two Weeks	8-hr. FPC
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

* 09-19-06 Cl₂ Dropped to 0.8 for about mins } Because of

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2549, Ft. Myers, FL 33902-2549

PERMITTEE NAME: Earthlink Incorporated of Sandalhaven
MAILING ADDRESS: 300 W. Gadsden Road
Arlington Springs, FL 32711

FACILITY: Sandalhaven WWTP
LOCATION: 6811 Placida Road
Englewood, FL 34224

COUNTY: Charlotte

PERMIT NUMBER: FLAD0004

UNIT: Final
CLASS SIZE: N/A

MONITORING GROUP NUMBER: R-102
MONITORING GROUP DESC:

RECEIVED:
GROUP: Domestic

NO DISCHARGE FROM SITE: ☒ From: 09-01-06 To: 09-30-06
MONITORING PERIOD

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	Frequency of Analysis	Sample Type
Flow	Sample Measurement					
PARM Code 50050 Y	0.090					
Mon. Site No. OTH-1A	0.10 (An. Avg.)	MGD				
Flow	Sample Measurement					
PARM Code 50050 P	0.100					
Mon. Site No. OTH-1A	Report (Mo. Avg.)	MGD				
BOD, Carbonaceous 5 day, 20C						
Sample Measurement			2.1			
PARM Code 80082 Y			20.0 (An. Avg.)			
Mon. Site No. EFA-1			< 2			
BOD, Carbonaceous 5 day, 20C			30.0 (Mo. Avg.)			
Sample Measurement			2.1			
PARM Code 80082 A			5.0 (Max.)			
Mon. Site No. EFA-1			6.4			
Solids, Total Suspended			6.8			
Sample Measurement			8.5 (Max.)			
PARM Code 00530 B						
Mon. Site No. EFB-1						
pH						
Sample Measurement						
PARM Code 00400 A						
Mon. Site No. EFA-1						

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (MM/YY/AM/PM)
Patrick Godwin Lead Operator	Patrick Godwin	697-4797	06-10-20

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

DISCHARGE MONITORING REPORT - PART A (continued)

MONITORING PERIOD from 09-01-06 to 09-30-06

Parameter	Sample	Quantity of Loading	Units	Quantity of Discharge	Units	No. of	Frequency of	Sample Type
Code 00070 A	Measurement					15		
PARM Code 74055 A	Permit		25				4 Days/Week	Grab
Mon Site No. EPA-1	Requirement		(Max)					
Disinfection	Sample		0.8					
PARM Code 50060 A	Measurement		1.0					
Mon Site No. EPA-1	Requirement		(Min)				Continuous	Grab
Fertilizer	Sample		.58					
PARM Code 00070 B	Measurement		(Max)					
Mon Site No. EPA-1	Requirement						Continuous	Meter
	Sample							
	Measurement							
	Permit							
	Requirement							
	Sample							
	Measurement							
	Permit							
	Requirement							
	Sample							
	Measurement							
	Permit							
	Requirement							
	Sample							
	Measurement							
	Permit							
	Requirement							
	Sample							
	Measurement							
	Permit							
	Requirement							

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA014053

From: 09-01-06 To: 09-30-06

Facility: Sandalhaven WWTP

	Flow (MGD)	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	pH (SU)	TRC (For Disinfect.) (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Total (as N) (MG/L)	CBOD5 (MG/L)	TSS (MG/L)	
Code	50050	50050	80082	00530	00400	50060	74055	00620	80082	00530	
Mon. Site	OTH-1A	OTH-1B	INF-1	INF-1	BFA-1	BFA-1	EFA-1	BFA-1	BFA-1	EFA-1	
1	0.127	0			6.7	1.4					
2	0.130	0			6.7	1.6					
3	0.143	0			6.7	1.4					
4	0.119	0			6.7	2.1					
5	0.097	0			6.7	1.8	<1				
6	0.105	0			6.7	1.5	<1				
7	0.085	0			6.7	3.5	<1				
8	0.093	0			6.7	3.5	<1				
9	0.080	0			6.4	3.5					
10	0.080	0			6.5	5.0					
11	0.072	0			6.6	5.0	<1				
12	0.085	0	68	85	6.7	4.5	<1	6.18	<2	<0.6	
13	0.098	0			6.7	4.5	<1				
14	0.109	0			6.7	5.0	<1				
15	0.094	0			6.6	5.0					
16	0.089	0			6.5	4.8					
17	0.082	0			6.6	5.0					
18	0.089	0			6.7	2.6	<1				
19	0.111	0			6.7	0.8	<1				
20	0.152	0			6.8	1.0	<1				
21	0.110	0			6.7	4.1	<1				
22	0.113	0			6.7	2.8					
23	0.111	0			6.5	2.8					
24	0.094	0			6.5	1.5					
25	0.084	0			6.6	2.2	<1				
26	0.102	0	34	54.0	6.7	5.0	<1	4.83	<2	<0.6	
27	0.103	0			6.7	5.0	<1				
28	0.085	0			6.7	3.8	<1				
29	0.086	0			6.7	5.0					
30	0.067	0			6.7	5.0					
31											
Total	2.995	0									
Mo. Avg.	0.100	0	51	69.5	6.7	3.4	<1	5.51	<2	<0.6	

PLANT STAFFING:

Day Shift Operator

Class: C

Certificate No:

0013850

Name:

Michael Monat

Evening Shift Operator

Class: C

Certificate No:

0013794

Name:

Ted Burleson

Night Shift Operator

Class: B

Certificate No:

0007518

Name:

Patrick Godwin

Lead Operator

Class: B

Certificate No:

0007518

Name:

Patrick Godwin

08/24/2006 08:41 4578995961

UTILITIES INC OF FL

UTILITIES, INC. OF FLORIDA
AN AFFILIATE OF UTILITIES, INC.
500 WEATHERSFIELD AVENUE
ALTA MONTE SPRINGS, FLORIDA 32714**CORPORATE OFFICES:**
2335 Sanders Road
Northbrook, Illinois 60062
Telephone: 847-497-6440Telephone: 407-869-1919
Florida: 800-272-1919
Fax: 407-869-6961
Sendto@utilitesinc-usa.com**Fax Transmittal**

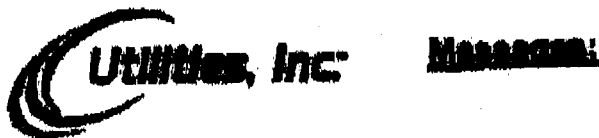
Attn: Wanda **Date:** _____

Company: SANDALHAVEN **Fax to:** 941-697-8959

From: Lennie Godwin **Pages:** 1 including this cover page.

Subject: DMR for the Month

☒ **URGENT** ☐ **For Your Review** ☐ **For your information** ☐ **Please Reply** **Original:** ☐ **will not be sent via U.S. Mail**
☐ **As Requested** ☐ **Please Comment**



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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2549, Ft. Myers, FL 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014053

LIMIT: Final
CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

FACILITY: Sandalhaven WWTP
LOCATION: 6811 Placida Road
Englewood, FL 34224

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: including Influent

COUNTY: Charlotte

NO DISCHARGE FROM SITE ☒

MONITORING PERIOD From 08-01-06 To 08-31-06

FILE COPY

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.006				0		
PARM Code 50050 Y Mon. Site No. OTH-1B	Permit Requirement	0.15 (An. Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0				0		
PARM Code 50050 P Mon. Site No. OTH-1B	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.1		0		
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)	MGL		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			< 2	< 2	< 2		
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement			30.0 (Mo. Avg.)	45.0 (Weekly Avg.)	60 (Max)	Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			0.7		0		
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)		MGL	Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			< 2		0		
PARM Code 00530 A Mon. Site No. EFA-1	Permit Requirement			30.0 (Mo. Avg.)	45.0 (Weekly Avg.)	60 (Max)	Every Two Weeks	8-hr. FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YYMM/DD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	697-4797	06-09-22

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Sandalhaven WWTP

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: 08-01-06 To: 08-31-06

PERMIT NUMBER: FLA014053

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			6.3	7.0			Ø		
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement			6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			<1				Ø		
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement			200 (An. Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement			<1	<1	<1		Ø		
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement			Report (Mo. Geo. Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			0.7				Ø		
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement			0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			6.56				Ø		
PARM Code 00620 A Mon. Site No. EFA-1	Permit Requirement			12.0 (Max.)			MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			112				Ø		
PARM Code 80082 G Mon. Site No. INF-1	Permit Requirement			Report (Mo. Avg.)			MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			97				Ø		
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement			Report (Mo. Avg.)			MG/L		Every Two Weeks	8-hr. FPC
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

* 08-15-06 Cl₂ Dropped to 0.7 for about 5 min's
 * 08-17-06 Cl₂ Dropped to 0.8 for about 5 min's. } Because of high flow (Rain)

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2549, Ft. Myers, FL 33902-2549

PERMITTEE NAME: Curbies Incorporated of Sandalhaven
MAILING ADDRESS: 200 Weatherfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014051

LIMIT: Final
CLASS SIZE: N/A

REPORT GROUP: Monthly
Domestic

FACILITY: Sandalhaven WWTP
LOCATION: 6811 Florida Road
Englewood, FL 34224

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DISC:

COUNTY: Charlotte

NO DISCHARGE FROM SITE ☒
MONITORING PERIOD From: 08-01-06 To 08-31-06

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.087						Ø		
PARM Code 50050 Y Mon.Site No. OTH-1A	Permit Requirement	0.10 (An. Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0.102						Ø		
PARM Code 50050 P Mon.Site No. OTH-1A	Permit Requirement	Report (Mo. Avg.)	MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.1				Ø		
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)			MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			< 2	< 2	< 2		Ø		
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement			30.0 (Mo. Avg.)	45.0 (Weekly Avg.)	60 (Max.)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			< 0.6				Ø		
PARM Code 09530 B Mon.Site No. EFB-1	Permit Requirement			5.0 (Max.)			MG/L		4 Days/Week	Grab
pH	Sample Measurement			6.3	7.0			Ø		
PARM Code 09400 A Mon.Site No. EFA-1	Permit Requirement			6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	697-4797	06-09-22

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

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA014053

From: 8-01-06

To: 8-31-06

Facility: Sandalhaven WWTP

	Flow (MGD)	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	pH (SU)	TRC (For Disinfect.) (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	CBOD5 (MG/L)	TSS (MG/L)	
Code	50030	50030	80082	00530	00400	50060	74055	00620	80082	00530	
Mon. Site	OTH-1A	OTH-1B	INF-1	INF-1	EPA-1	EPA-1	EPA-1	EPA-1	EPA-1	EPA-1	
1	0.072	0	42	54.0	7.0	5.0	<1	0.61	<2	<0.6	
2	0.081	0			6.8	3.4	<1				
3	0.080	0			6.8	1.3	<1				
4	0.101	0			6.7	1.8					
5	0.088	0			6.5	2.5					
6	0.091	0			6.5	2.9					
7	0.101	0			6.6	5.0	<1				
8	0.095	0			6.6	5.0	<1				
9	0.098	0			6.6	1.0	<1				
10	0.089	0			6.6	5.0	<1				
11	0.078	0			6.6	1.0					
12	0.071	0			6.5	2.6					
13	0.078	0			6.5	5.0					
14	0.153	0			6.6	5.0	<1				
15	0.111	0	229	82	6.7	0.7	<1	1.39	<2	<0.6	
16	0.108	0			6.8	1.0	<1				
17	0.103	0			6.8	0.8	<1				
18	0.103	0			6.7	4.2					
19	0.098	0			6.6	4.3					
20	0.087	0			6.5	4.6					
21	0.087	0			6.6	1.0	<1				
22	0.086	0			6.6	1.2	<1				
23	0.079	0			6.7	5.0	<1				
24	0.104	0			6.7	5.0	<1				
25	0.242	0			6.7	1.3					
26	0.138	0			6.3	5.0					
27	0.121	0			6.6	2.5					
28	0.100	0			6.8	2.3	<1				
29	0.097	0	64	155	6.6	4.0	<1	6.56	<2	<0.6	
30	0.095	0			6.6	5.0	<1				
31	0.126	0			6.7	1.7	<1				
Total	3.161	0									
Mo. Avg.	0.102	0	112	97	6.6	3.1	<1	2.85	<2	<0.6	

PLANT STAFFING:

Day Shift Operator

Class: C

Certificate No:

0013850

Name:

Michael Monat

Evening Shift Operator

Class: C

Certificate No:

0013794

Name:

Ted Burleson

Night Shift Operator

Class:

Certificate No:

Name:

Lead Operator

Class: B

Certificate No:

0007518

Name:

Patrick Godwin

Facility: Sandalhaven WWTP

[illegible]

Patrick Godwin

08/24/2006 08:41 4078696961

UTILITIES INC OF FL

UTILITIES, INC. OF FLORIDA
AN AFFILIATE OF UTILITIES, INC.
300 WEATHERSFIELD AVENUE
ALTA MONTE SPRINGS, FLORIDA 32714CORPORATE OFFICES:
2335 Sanders Road
Northbrook, Illinois 60062
Telephone: 847-498-6140Telephone: 407-859-1919
Florida: 800-272-1919
Fax: 407-869-6961
Sandra@utilinc-usa.com**Fax Transmittal**To: WandaDate: Company: SANDALHAVENFax #: 941-697-8959From: Lennie GodwinPages: 1 including this cover page.Subject: DMR for the Month☒ URGENT
☐ As Requested☐ For Your Review
☐ Please Comment☐ For your information☐ Please
ReplyOriginal: ☐ will not be sent
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Discussion

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2549, Ft. Myers, FL 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014053

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Sandalhaven WWT
LOCATION: 6811 Placida Road
Englewood, FL 34224

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: including influent

COUNTY: Charlotte

NO DISCHARGE FROM SITE: ☒ 4-01-06 To 4-30-06
MONITORING PERIOD From:

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.003							Ø		
PARM Code 50050 Y Mon. Site No. OTH-1B	Permit Requirement	0.15 (An. Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0.0							Ø		
PARM Code 50050 P Mon. Site No. OTH-1B	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2				Ø		
PARM Code 80082 Y Mon. Site No. BFA-1	Permit Requirement				20.0 (An. Avg.)			MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2	<2	<2		Ø		
PARM Code 80082 A Mon. Site No. BFA-1	Permit Requirement				30.0 (Mo. Avg.)	45.0 (Weekly Avg.)	60 (Max)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				<0.87				Ø		
PARM Code 00530 Y Mon. Site No. BFA-1	Permit Requirement				20.0 (An. Avg.)			MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				<0.6	<0.6	<0.6		Ø		
PARM Code 00530 A Mon. Site No. BFA-1	Permit Requirement				30.0 (Mo. Avg.)	45.0 (Weekly Avg.)	60 (Max)	MG/L		Every Two Weeks	8-hr. FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	697-4797	06-05-15

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

690

Parameter	Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement								
PARM Code 00400 Mon. Site No. EPA-1	Permit Requirement			6.7	7.0				
Coliform, Fecal	Sample Measurement			6.0 (Min.)	8.5 (Max.)	SU		5 Days/Week	Grab
PARM Code 74055 Mon. Site No. EPA-1	Permit Requirement			<1					
Coliform, Fecal	Sample Measurement			200 (An. Avg.)		#/100ML		Every Two Weeks	Grab
PARM Code 74055 Mon. Site No. EPA-1	Permit Requirement			<1	<1				
Total Residual Chlorine (For Disinfection)	Sample Measurement			Report (Mo. Con. Mean)	400 (90%)	#/100ML		Every Two Weeks	Grab
PARM Code 50060 Mon. Site No. EPA-1	Permit Requirement			1.4					
Nitrogen, Nitrate, Total (as N)	Sample Measurement			0.5 (Min.)		MGL		5 Days/Week	Grab
PARM Code 00620 Mon. Site No. EPA-1	Permit Requirement			0.48					
BOD, Carbonaceous 5 day, 20C	Sample Measurement			12.0 (Max.)		MGL		Every Two Weeks	8-hr. FPC
PARM Code 80082 Mon. Site No. INF-1	Permit Requirement			310					
Solids, Total Suspended	Sample Measurement			Report (Mo. Avg.)		MGL		Every Two Weeks	8-hr. FPC
PARM Code 00530 Mon. Site No. INF-1	Permit Requirement			233					
	Sample Measurement			Report (Mo. Avg.)		MGL		Every Two Weeks	8-hr. FPC
	Permit Requirement								
	Sample Measurement								
	Permit Requirement								
	Sample Measurement								
	Permit Requirement								

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2549, Ft. Myers, FL, 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
MAILING ADDRESS: 201 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014053

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Sandalhaven WWTP
LOCATION: 6811 Placida Road
Englewood, FL 34224

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC:

COUNTY: Charlotte

NO DISCHARGE FROM SITE: ☒
MONITORING PERIOD From: 4-01-06 To 4-30-06

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.091							Ø		
PARM Code 50050 Y Mon. Site No. OTH-1A	Permit Requirement	0.10 (An. Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0.071							Ø		
PARM Code 50050 P Mon. Site No. OTH-1A	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2				Ø		
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2	<2	<2		Ø		
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	45.0 (Weekly Avg.)	60 (Max)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				1.8				Ø		
PARM Code 00530 B Mon. Site No. EFB-1	Permit Requirement				5.0 (Max.)			MG/L		4 Days/Week	Grab
pH	Sample Measurement				6.7	7.0			Ø		
PARM Code 00400 A Mon. Site No. BFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	697-4797	06-06-15

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

4-01-06

4-30-06

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				<1					
PARM Code 74055 A	Permit Requirement				25 (Max.)		#/100ML	Ø	4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.4					
PARM Code 50060 A	Permit Requirement				1.0 (Min.)		MG/L	Ø	Continuous	Grab
Turbidity	Sample Measurement				1.98					
PARM Code 00070 B	Permit Requirement				(Max)		NTU	Ø	Continuous	Meter
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA014053

From: 4-01-06 To: 4-30-06

Facility: Sandalhaven WWTP

	Flow (MGD)	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	pH (SU)	TRC (For Disinfect.) (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	CBOD5 (MG/L)	TSS (MG/L)	
Code	50050	50050	80082	00530	00480	50060	74055	00620	80082	00530	
Mon. Site	OTH-1A	OTH-1B	INF-1	INF-1	EPA-1	EPA-1	EPA-1	EPA-1	EPA-1	EPA-1	
1	0.084	0			6.9	3.9					
2	0.084	0			6.8	4.0					
3	0.082	0			6.9	4.5	<1				
4	0.087	0			6.9	3.7	<1				
5	0.062	0			6.9	5.0	<1				
6	0.080	0			6.7	5.0	<1				
7	0.072	0			6.8	5.0					
8	0.075	0			6.8	5.0					
9	0.076	0			6.8	4.6					
10	0.080	0			6.8	3.2	<1				
11	0.067	0	266	172	6.8	5.0	<1	0.26	<2	<0.6	
12	0.065	0			6.7	5.0	<1				
13	0.064	0			6.7	4.7	<1				
14	0.064	0			6.7	4.6					
15	0.074	0			6.8	4.6					
16	0.069	0			6.8	4.5					
17	0.072	0			6.8	3.5	<1				
18	0.077	0			6.8	3.7	<1				
19	0.078	0			6.8	2.5	<1				
20	0.074	0			6.8	3.0	<1				
21	0.071	0			6.9	3.9					
22	0.073	0			6.8	3.8					
23	0.068	0			6.8	4.0					
24	0.066	0			6.9	1.4	<1				
25	0.062	0	354	294	6.9	1.5	<1	0.48	<2	<0.6	
26	0.061	0			7.0	3.5	<1				
27	0.068	0			7.0	2.1	<1				
28	0.057	0			6.9	4.4					
29	0.059	0			6.8	4.7					
30	0.056	0			6.8	4.4					
31											
Total	2127	0									
Mo. Avg.	0.071	0	310	233	6.8	4.0	<1	0.37	<2	<0.6	

PLANT STAFFING:

Day Shift Operator

Class: CCertificate No: 0013850Name: Michael Monat

Evening Shift Operator

Class: CCertificate No: 0013794Name: Ted Burleson

Night Shift Operator

Class: BCertificate No: 0007518Name: Patrick Godwin

Lead Operator

Class: BCertificate No: 0007518Name: Patrick Godwin

DAILY SAMPLE RESULTS - PART BPermit Number:
Monitoring Period:

FLA014053

From: 4-01-06

TP 4-30-06

Facility: Snodishaven WWTP

TSS (MG/L)		Turbidity (NTU)	
Code	00530	00070	
Mon. Site	BFB-1	BFB-1	
1		1.35	
2		1.75	
3	0.8	1.28	
4	1.4	1.98	
5	1.8	.98	
6	1.0	1.15	
7		.91	
8		.73	
9		.78	
10	0.6	.96	
11	0.6	.68	
12	<0.6	.39	
13	<0.6	.72	
14		.88	
15		.91	
16		.29	
17	<0.6	.29	
18	0.6	.84	
19	<0.6	.49	
20	<0.6	.62	
21		.69	
22		.95	
23		1.90	
24	<0.6	1.28	
25	0.6	1.21	
26	<0.6	.71	
27	<0.6	.69	
28		.74	
29		.86	
30		.85	
31			
Total		27.85	
Mo. Avg.	<0.8	.93	

PLANT STARTING

PLANT STAFFING:

Day Shift Operator

Class:

C

Certificate No.

0013850

Name: _____

Michael Monat

Evening Shift Operator

Class:

C

Certificate No:

0013794

Name:

Ted Burleson

Night Shift Operator

Class:

Certificate No:

Address:

Name: _____

Patrick Godwin

Lead Operator:

Class:

B

Certificate No:

0007518

Name:

Patrick Godwin

UTILITIES INC OF HUTCHINSON ISLAND

AN AFFILIATE OF UTILITIES, INC.

600 N.E. OCEAN BLVD
STUART, FLORIDA 34996COMMUNICATIONS OFFICES:
2500 W. 1st Road
P.O. Box 1000
Stuart, FL 34996
Tel: 888-447-4440*SANDALHAVEN*Telephone: 772-424-7822
Florida 800-447-4440
Fax: 772-424-7822
Florida@utilitiesinc.com**Fax Transmittal**

TO: *Jackie T.* Date: _____
FROM: *U.I.* Fax #: _____
SUBJECT: *Lennie G. / Sandalhaven* Pages: *7* including this cover page.
REFERENCE: *DMR*

☐ For Your Review ☐ For your Information ☐ Please Reply ☐ Original ☐ will not be sent via U.S. Mail

**Messages:***DMR**Thank's**Lennie G*

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FILE COPY

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2549, Ft. Myers, FL 33902-2549

PERMITTEE NAME: Utilines Incorporated of Sandalhaven
 MAILING ADDRESS: 200 Weathersfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014053

LIMIT: Final
 CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

FACILITY: Sandalhaven WWTP
 LOCATION: 6811 Placida Road
 Englewood, FL 34224

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

COUNTY: Charlotte

NO DISCHARGE FROM SITE: ☒
 MONITORING PERIOD From: 3-01-06 To 3-31-06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.003				Ø		
PARM Code 50050 Y	Permit Requirement	0.15 (An.Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0.033				Ø		
PARM Code 50050 P	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement			< 2		Ø		
PARM Code 80082 Y	Permit Requirement			20.0 (An.Avg.)			Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			< 2	< 2	Ø		
PARM Code 80082 A	Permit Requirement			30.0 (Mo.Avg.)	45.0 (Weekly Avg.)		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			0.69		Ø		
PARM Code 00530 Y	Permit Requirement			20.0 (An.Avg.)			Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			0.75	0.75	Ø		
PARM Code 00530 A	Permit Requirement			30.0 (Mo.Avg.)	45.0 (Weekly Avg.)		Every Two Weeks	8-hr. FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Patrick Godwin Lead Operator	Patrick Godwin	697-4797	06-04-18

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

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH		Sample Measurement			6.7	7.1			Ø		
PARM Code 00400 A Mon.Site No. EPA-1		Permit Requirement			6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal		Sample Measurement			<1				Ø		
PARM Code 74055 Y Mon.Site No. EPA-1		Permit Requirement			200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal		Sample Measurement			<1	<1	<1		Ø		
PARM Code 74055 A Mon.Site No. EPA-1		Permit Requirement			Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)		Sample Measurement			1.8				Ø		
PARM Code 50060 A Mon.Site No. EPA-1		Permit Requirement			0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)		Sample Measurement			0.59				Ø		
PARM Code 00620 A Mon.Site No. EPA-1		Permit Requirement			120 (Max.)			MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C		Sample Measurement			341				Ø		
PARM Code 80082 G Mon.Site No. INF-1		Permit Requirement			Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended		Sample Measurement			536				Ø		
PARM Code 00530 G Mon.Site No. INF-1		Permit Requirement			Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hr. FPC
		Sample Measurement									
		Permit Requirement									
		Sample Measurement									
		Permit Requirement									

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2549, Ft. Myers, FL 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014053

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Sandalhaven WWTP
LOCATION: 6811 Placida Road
Englewood, FL 34224

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC:

COUNTY: Charlotte

NO DISCHARGE FROM SITE: ☒

MONITORING PERIOD From: 3-01-06 To 3-31-06

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow		Sample Measurement	0.094								
PARM Code 50050 Y		Permit Requirement	0.10 (An.Avg.)	MGD					0		
Mon.Site No. OTH-1A		Sample Measurement	0.111							5 Days/Week	Flow Totalizer
Flow		Permit Requirement	Report (Mo.Avg.)	MGD					0		
PARM Code 50050 P		Sample Measurement								5 Days/Week	Flow Totalizer
Mon.Site No. OTH-1A		Permit Requirement									
BOD, Carbonaceous 5 day, 20C		Sample Measurement			< 2				0		
PARM Code 80082 Y		Permit Requirement			20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C		Sample Measurement			< 2	< 2	< 2		0		
PARM Code 80082 A		Permit Requirement			30.0 (Mo.Avg.)	45.0 (Weekly Avg.)	60 (Max)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended		Sample Measurement			6.7				3	*	
PARM Code 00530 B		Permit Requirement			5.0 (Max.)			MG/L		4 Days/Week	Grab
Mon.Site No. BFB-1		Sample Measurement			6.7	7.1			0		
pH		Permit Requirement			6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
PARM Code 00400 A		Sample Measurement									
Mon.Site No. EPA-1		Permit Requirement									

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YYMMDD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	697-4797	06-04-18

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

* Plant in reject from 3-01-06 to 3-09-06

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				<1			Ø		
PARM Code 74055 A	Permit Requirement				25 (Max.)		#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.8			Ø		
PARM Code 50060 A	Permit Requirement				1.0 (Min.)		MG/L		Continuous	Grab
Turbidity	Sample Measurement				6.7			Ø		
PARM Code 00070 B	Permit Requirement				(Max)		NTU		Continuous	Meter
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA014053

From:

3-01-06

To:

3-31-06

Facility:

Sandalhaven WWTP

	Flow (MGD) R105	Flow (MGD) R1B	CBOD5 (MG/L)	TSS (MG/L)	pH (SU)	TRC (For Disinfect.) (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	CBOD5 (MG/L)	TSS (MG/L)	
Code	50050	50050	80082	00530	00400	50060	74055	00620	80082	00530	
Mon. Site	OTH-1A	OTH-1B	INF-1	INF-1	EPA-1	EPA-1	EPA-1	EPA-1	EPA-1	EPA-1	
1	0.111	0.070			6.9	5.0	<1	0.59			
2	0.110	0.110			6.9	3.8	<1	0.01			
3	0.110	0.110			7.0	1.8					
4	0.110	0.110			6.9	1.8					
5	0.205	0.205			6.7	3.6					
6	0.199	0.199			6.8	5.0	<1	0.16			
7	0.109	0.109			6.8	5.0	<1	0.29			
8	0.122	0.122			6.8	5.0	<1	0.02			
9	0.112	0			6.9	5.0	<1	0.39			
10	0.092	0			6.9	3.3					
11	0.096	0			6.8	5.0					
12	0.104	0			6.8	5.0					
13	0.108	0			6.9	4.4	<1				
14	0.098	0	282	172	7.0	5.0	<1	0.52	<2	0.9	
15	0.103	0			7.1	4.6	<1				
16	0.111	0			7.0	3.4	<1				
17	0.113	0			7.0	4.4					
18	0.097	0			6.9	4.6					
19	0.115	0			6.9	4.2					
20	0.104	0			7.0	3.1	<1				
21	0.119	0			6.8	4.5	<1				
22	0.099	0			7.0	3.7	<1				
23	0.103	0			7.0	3.7	<1				
24	0.111	0			6.9	3.8					
25	0.095	0			6.8	4.8					
26	0.112	0			6.8	4.1					
27	0.102	0			6.9	3.9	<1				
28	0.096	0	400	900	6.9	4.8	<1	0.22	<2	<0.6	
29	0.092	0			6.9	3.9	<1				
30	0.092	0			6.9	3.8	<1				
31	0.097	0			6.8	3.6					
Total	3.447	1.035	682	1072				2.20		1.5	
Mo. Avg.	0.111	0.033	341	536	6.9	4.1	<1	0.28	<2	<0.	

PLANT STAFFING:

Day Shift Operator

Class:

C

Certificate No:

0013850

Name:

Michael Monat

Evening Shift Operator

Class:

C

Certificate No:

0013794

Name:

Ted Burleson

Night Shift Operator

Class:

Certificate No:

Name:

Patrick Godwin

Lead Operator

Class:

B

Certificate No:

0007518

Name:

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period:

FLA014053

From:

53
F-01-06

To: 3-31-06

Facility: Sandhaven WWTP

Code	TSS (MG/L)	Turbidity (NTU)
00530	00070	
Mon. Site	BFB-1	BFB-1
1	6.1	5.00+
2	6.6	5.00+
3		5.00+
4		5.00+
5		5.00+
6	4.6	5.00+
7	6.7	5.00+
8	1.1	5.00+
9	1.0	4.22
10		2.85
11		2.65
12		1.58
13	1.2	1.98
14	1.6	1.86
15	1.6	2.40
16	2.1	2.86
17		1.45
18		.98
19		.92
20	1.3	1.10
21	0.8	1.36
22	1.5	1.25
23	1.8	1.40
24		.69
25		1.30
26		.62
27	0.7	.65
28	<0.6	.95
29	<0.6	1.18
30	<0.6	1.19
31		1.00
Total		
Mo. Avg.	2.3	

PLANT STAFFING:

Day Shift Operator

Class:

C

Certificate No:

0013850

Name: _____

Michael Monat

Evening Shift Operator

Class:

C

Certificate No:

0013794

Name: _____

Ted Burleson

Night Shift Operator

CIRSE:

Certificate No:

1. 1998年12月1日以前，凡在《中国图书分类法》(第3版)中未收的图书，其分类号按《中国图书分类法》(第3版)总论部分“未定类号”处理。

Name:

Patrick Godwin

Lead Operator

Class:

B

Certificate No:

0007518

Name: _____

Jackie Tappan

From: Richard Retz [r.retz@utilitiesinc-usa.com]
Sent: Thursday, April 20, 2006 8:43 AM
To: 'Jackie Tappan'
Cc: 'Patrick Flynn'
Subject: March 2006 Sandalhaven DMR

Jackie,

I received the fax concerning the 6.7 TSS for Sandalhaven March 2006 DMR. The exceedance is not considered an excursion if the plant diverts to the reject pond, which it did. It is only noted as an excursion if the effluent left the plant.

Richard W. Retz
Regional Manager
Utilities, Inc. of Florida
200 Weathersfield Avenue
Altamonte Springs, Fl. 32714
407.869.8588, ext. 500
r.retz@utilitiesinc-usa.com

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FILE COPY

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2549, Ft. Myers, FL 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
 MAILING ADDRESS: 200 Weathersfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014053

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Sandalhaven WWTP
 LOCATION: 6811 Florida Road
 Englewood, FL 34224

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: including Influent

COUNTY: Charlotte

NO DISCHARGE FROM SITE: ☒
 MONITORING PERIOD From: 2-01-06 To 2-28-06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	Ø				Ø		
PARM Code 50050 Y Mon. Site No. OTH-1B	Permit Requirement	0.15 (An. Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow	Sample Measurement	Ø				Ø		
PARM Code 50050 P Mon. Site No. OTH-1B	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement			< 2		Ø		
PARM Code 80082 Y Mon. Site No. EPA-1	Permit Requirement			20.0 (An. Avg.)	MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			< 2	< 2	< 2		
PARM Code 80082 A Mon. Site No. EPA-1	Permit Requirement			30.0 (Mo. Avg.)	45.0 (Weekly Avg.)	60 (Max)	MG/L	Every Two Weeks
Solids, Total Suspended	Sample Measurement			0.7			Ø	
PARM Code 00530 Y Mon. Site No. EPA-1	Permit Requirement			20.0 (An. Avg.)			MG/L	Every Two Weeks
Solids, Total Suspended	Sample Measurement			0.85	0.85	1.1		
PARM Code 00530 A Mon. Site No. EPA-1	Permit Requirement			30.0 (Mo. Avg.)	45.0 (Weekly Avg.)	60 (Max)	MG/L	Every Two Weeks

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Patrick Godwin Lead Operator	Patrick Godwin	697-4797	06-3-15

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

FACILITY: Sandalhaven WWTP

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD

From:

2-01-06

To:

PERMIT NUMBER: FLA01-0053

2-28-06

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			6.6	7.0			Ø		
PARM Code 00400 A Mon. Site No. EPA-1	Permit Requirement			6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			<1				Ø		
PARM Code 74055 Y Mon. Site No. EPA-1	Permit Requirement			200 (An. Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement			<1	<1	<1		Ø		
PARM Code 74055 A Mon. Site No. EPA-1	Permit Requirement			Report (Mo. Geo. Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.1				Ø		
PARM Code 50060 A Mon. Site No. EPA-1	Permit Requirement			0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			0.48				Ø		
PARM Code 00620 A Mon. Site No. EPA-1	Permit Requirement			12.0 (Max.)			MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			181				Ø		
PARM Code 80082 G Mon. Site No. INF-1	Permit Requirement			Report (Mo. Avg.)			MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			153				Ø		
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement			Report (Mo. Avg.)			MG/L		Every Two Weeks	8-hr. FPC
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2549, Ft. Myers, FL 33902-2549

PERMIT NUMBER FLA0184054		FACILITY Sandalhaven WWT		MAILING ADDRESS Utilities Incorporated of Sandalhaven Allamonte Springs, FL 32714	
UNIT Final		LOCATION 6811 Picada Road Englewood, FL 34224		COUNTY Charlotte	
CLASS SIZE N/A		MONITORING GROUP NUMBER R-002		NO DISCHARGE FROM SITE ☒	
MONITORING GROUP DESC MONTDRNG PERIOD		FROM 2-01-06		TO 2-28-06	
REPORT Monthly		GROUP Domestic			

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample						
PARM Code 50050	Permit						
Mon Site No. OTH-1A	Requirement						
Flow	Sample						
PARM Code 50050	Measurement						
Mon Site No. OTH-1A	Report						
BOD, Carbonaceous 5 day, 20C	Requirement						
PARM Code 80082	Sample						
Mon Site No. EPA-1	Requirement						
BOD, Carbonaceous 5 day, 20C	Sample						
PARM Code 80082	Measurement						
Mon Site No. EPA-1	Requirement						
Solids, Total Suspended	Sample						
PARM Code 80082	Requirement						
Mon Site No. EPA-1	Requirement						
Solids, Total Suspended	Sample						
PARM Code 00530	Measurement						
Mon Site No. EPA-1	Requirement						
pH	Sample						
PARM Code 00400	Measurement						
Mon Site No. EPA-1	Requirement						

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE NO	DATE (YY/MM/DD)
Patrick Godwin Lead Operator				697-4797	06-03-15

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

2-01-06

2-28-06

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				<1				Ø		
PARM Code 74055 A	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.1				Ø		
PARM Code 50060 A	Permit Requirement				1.0 (Min.)			MGL		Continuous	Grab
Turbidity	Sample Measurement				2.95				Ø		
PARM Code 00070 B	Permit Requirement				(Max)			NTU		Continuous	Meter
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA014053

From: 2-01-06 To: 2-28-06

Facility: Sandalhaven WWTP

	Flow (MGD)	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	pH (SU)	TRC (For Disinfect.) (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	CBOD5 (MG/L)	TSS (MG/L)	
Code	50050	50050	80082	00530	00400	50060	74055	00620	80082	00530	
Mon. Site	OTH-1A	OTH-1B	INF-1	INF-1	EPA-1	EPA-1	EPA-1	EPA-1	EPA-1	EPA-1	
1	0.102	0			6.9	4.0	<1				
2	0.095	0			6.9	3.4	<1				
3	0.091	0			6.9	2.6					
4	0.117	0			6.9	2.2					
5	0.173	0			6.9	2.5					
6	0.116	0			6.9	3.3	<1				
7	0.145	0			6.9	3.4	<1				
8	0.117	0			6.8	3.9	<1				
9	0.126	0			6.6	4.8	<1				
10	0.134	0			6.7	4.7					
11	0.124	0			6.9	4.2					
12	0.139	0			6.7	4.5					
13	0.128	0			6.8	4.3	<1				
14	0.124	0	202	144	6.8	5.0	<1	0.14	<2	<0.6	
15	0.128	0			6.9	5.0	<1				
16	0.143	0			6.9	5.0	<1				
17	0.121	0			6.9	5.0					
18	0.114	0			6.9	5.0					
19	0.124	0			6.8	5.0					
20	0.123	0			6.8	4.1	<1				
21	0.118	0			6.9	3.8	<1				
22	0.127	0			7.0	4.2	<1				
23	0.125	0			7.0	3.1	<1				
24	0.144	0			6.8	4.3					
25	0.138	0			6.7	4.6					
26	0.102	0			6.6	2.1					
27	0.100	0			6.8	3.6	<1				
28	0.112	0	159	192	6.8	4.1	<1	0.48	<2	1.1	
29											
30											
31											
Total	3450	0									
Mo. Avg.	0.123	0	181	153	6.8	4.0	<1	0.31	<2	0.85	

PLANT STAFFING:

Day Shift Operator

Class: CCertificate No: 0013850Name: Michael Monat

Evening Shift Operator

Class: CCertificate No: 0013794Name: Ted Burleson

Night Shift Operator

Class: Certificate No: Name:

Lead Operator

Class: BCertificate No: 0007518Name: Patrick Godwin

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA014053

From:

2-01-06

To:

2-28-06

Facility: Sandalhaven WWTP

	TSS (MG/L)	Turbidity (NTU)									
Code	00530	00070									
Mon. Site	EPB-1	EPB-1									
1	1.1	.43									
2	1.0	.52									
3		.38									
4		.72									
5		.76									
6	1.1	.88									
7	0.6	.76									
8	0.7	.39									
9	<0.6	.41									
10		.71									
11		.38									
12		.36									
13	<0.6	.48									
14	<0.6	.76									
15	0.6	.79									
16	<0.6	1.14									
17		.75									
18		.71									
19		.72									
20	1.1	.52									
21	1.1	.81									
22	1.9	.88									
23	2.7	.80									
24		.51									
25		.44									
26		.81									
27	1.3	.62									
28	1.1	2.95									
29											
30											
31											
Total											
Mo. Avg.	1.0	.73									

PLANT STAFFING:

Day Shift Operator

Class:

C

Certificate No:

0013850

Name:

Michael Monat

Evening Shift Operator

Class:

C

Certificate No:

0013794

Name:

Ted Burleson

Night Shift Operator

Class:

Certificate No:

Name:

Patrick Godwin

Lead Operator

Class:

B

Certificate No:

0007518

Name:

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FILE COPY

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P O Box 2549, Ft. Myers, FL, 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014053

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Sandalhaven WWTP
LOCATION: 6811 Placida Road
Englewood, FL 34224

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

COUNTY: Charlotte

NO DISCHARGE FROM SITE: ☒

MONITORING PERIOD From: 1-01-06 To 1-31-06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	Ø				Ø		
PARM Code 50050 Y	Permit Requirement	0.15 (An.Avg.)	MGD				5 Days/Week	Flow Totalizer
Mon.Site No. OTH-1B	Sample Measurement	Ø				Ø		
PARM Code 50050 P	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow Totalizer
Mon.Site No. OTH-1B	Sample Measurement			<2		Ø		
BOD, Carbonaceous 5 day, 20C	Permit Requirement			20.0 (An.Avg.)	MG/L		Every Two Weeks	8-hr. FPC
PARM Code 80082 Y	Sample Measurement			<2		Ø		
Mon.Site No. EPA-1	Permit Requirement			30.0 (Mo.Avg.)	45.0 (Weekly Avg.)	60 (Max)	MG/L	Every Two Weeks
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<2	<2	<2		
PARM Code 80082 A	Permit Requirement			30.0 (Mo.Avg.)	45.0 (Weekly Avg.)	60 (Max)	MG/L	Every Two Weeks
Mon.Site No. EPA-1	Sample Measurement			<0.7				
Solids, Total Suspended	Permit Requirement			20.0 (An.Avg.)			MG/L	Every Two Weeks
PARM Code 00530 Y	Sample Measurement			0.6	0.6	0.7		
Mon.Site No. EPA-1	Permit Requirement			30.0 (Mo.Avg.)	45.0 (Weekly Avg.)	60 (Max)	MG/L	Every Two Weeks

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	697-4797	06-01-15

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Sandlhaven WWTP

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA014053

MONITORING PERIOD From: 1-01-06 To: 1-31-06

Parameter	Quantity or Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement							
PARM Code 00400 A Mon. Site No. EPA-1 Coliform, Fecal	Permit Requirement		6.5	7.0				
	Sample Measurement		6.0 (Min.)	8.5 (Max.)			5 Days/Week	Grab
PARM Code 74035 Y Mon. Site No. EPA-1 Coliform, Fecal	Permit Requirement		<1					
	Sample Measurement		200 (Ar. Avg.)				Every Two Weeks	Grab
PARM Code 74035 A Mon. Site No. EPA-1 Total Residual Chlorine (For Disinfection)	Permit Requirement		<1	<1				
	Sample Measurement		Report (No. Geo. Mean)	400 (90%)	800 (Max.)		Every Two Weeks	Grab
PARM Code 50060 A Mon. Site No. EPA-1 Nitrogen, Nitrate, Total (as N)	Permit Requirement		1.1					
	Sample Measurement		0.5 (Min.)				5 Days/Week	Grab
PARM Code 00620 A Mon. Site No. EPA-1 BOD, Carbonaceous 5 day, 20C	Permit Requirement		0.30					
	Sample Measurement		12.0 (Max.)				Every Two Weeks	8-hr. FPC
PARM Code 80082 G Mon. Site No. EPA-1 Solids, Total Suspended	Permit Requirement		2.04					
	Sample Measurement		Report (No. Avg.)				Every Two Weeks	8-hr. FPC
PARM Code 00510 G Mon. Site No. EPA-1	Permit Requirement		2.41					
	Sample Measurement		Report (No. Avg.)				Every Two Weeks	8-hr. FPC
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P O Box 2549, Ft. Myers, FL, 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014059

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Sandalhaven WWTP
LOCATION: 6811 Placida Road
Eaglewood, FL 34224

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC:

COUNTY: Charlotte

NO DISCHARGE FROM SITE: ☒
MONITORING PERIOD From: 1-01-06 To 1-31-06

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.096						Ø		
PARM Code 50050 Y Mon. Site No. OTH-1A	Permit Requirement	0.10 (An. Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0.090						Ø		
PARM Code 50050 P Mon. Site No. OTH-1A	Permit Requirement	Report (Mo. Avg.)	MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement			< 2				Ø		
PARM Code 80082 Y Mon. Site No. EPA-1	Permit Requirement			20.0 (An. Avg.)			MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			< 2	< 2	< 2		Ø		
PARM Code 80082 A Mon. Site No. EPA-1	Permit Requirement			30.0 (Mo. Avg.)	45.0 (Weekly Avg.)	60 (Max.)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			1.8				Ø		
PARM Code 00530 B Mon. Site No. EFB-1	Permit Requirement			5.0 (Max.)			MG/L		4 Days/Week	Grab
pH	Sample Measurement			6.5	7.0			Ø		
PARM Code 00400 A Mon. Site No. EPA-1	Permit Requirement			6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	697-4797	06-01-15

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Sandalhaven WWTP

MONITORING GROUP NUMBER: R-002

PERMIT NUMBER: FLA014053

MONITORING PERIOD From 1-01-06 To 1-31-06

Parameter	Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample								
	Measurement								
	Permit Requirement								
PARM Code 74053 A Mon. Site No. EPA-1	Sample								
	Measurement								
	Permit Requirement								
Total Residual Chlorine (For Disinfection)	Sample								
	Measurement								
	Permit Requirement								
PARM Code 50060 A Mon. Site No., EPA-1	Sample								
	Measurement								
	Permit Requirement								
Turbidity	Sample								
	Measurement								
	Permit Requirement								
PARM Code 00070 B Mon. Site No. EPA-1	Sample								
	Measurement								
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DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA014053

From: 1-01-06To: 1-31-06

Facility: Sandalhaven WWTP

	Flow (MGD)	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	pH (SU)	TRC (For Disinfect.) (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	CBOD5 (MG/L)	TSS (MG/L)	
Code	50050	50050	80082	00530	00400	50060	74055	00620	80082	00530	
Mon. Site	OTH-1A	OTH-1B	INF-1	INF-1	EPA-1	BFA-1	EFA-1	EFA-1	EFA-1	EFA-1	
1	0.100	Ø			6.5	4.7					
2	0.092	Ø			6.8	4.8					
3	0.091	Ø	170	356	6.8	4.2	<1	0.12	<2	<0.6	
4	0.091	Ø			6.9	4.4	<1				
5	0.090	Ø			6.9	4.3	<1				
6	0.082	Ø			7.0	3.9	<1				
7	0.081	Ø			6.7	4.6					
8	0.085	Ø			6.6	4.7					
9	0.089	Ø			6.6	4.7	<1				
10	0.085	Ø			6.7	3.8	<1				
11	0.096	Ø			6.6	3.7	<1				
12	0.090	Ø			6.6	3.3	<1				
13	0.097	Ø			6.7	3.7					
14	0.090	Ø			6.7	3.7					
15	0.084	Ø			6.6	4.3					
16	0.093	Ø			6.6	3.3	<1				
17	0.096	Ø	251	136	6.8	3.8	<1	0.14	<2	0.7	
18	0.100	Ø			6.8	4.0	<1				
19	0.095	Ø			6.7	4.7	<1				
20	0.093	Ø			6.8	4.1					
21	0.103	Ø			6.8	4.0					
22	0.095	Ø			6.6	4.1					
23	0.100	Ø			6.6	2.0	<1				
24	0.095	Ø			6.9	2.0	<1				
25	0.097	Ø			6.6	1.7	<1				
26	0.098	Ø			6.7	2.0	<1				
27	0.083	Ø			6.8	2.1					
28	0.064	Ø			6.8	1.3					
29	0.084	Ø			6.8	1.1					
30	0.092	Ø			6.7	2.3	<1				
31	0.073	Ø	190	232	6.8	5.0	<1	0.30	<2	<0.6	
Total	2.804	Ø									
Mo. Avg.	0.090	Ø	204	241	6.7	3.6	<1	0.19	<2	0.6	

PLANT STAFFING:

Day Shift Operator

Class: CCertificate No: 0013850Name: Michael Monat

Evening Shift Operator

Class: CCertificate No: 0013794Name: Ted Burleson

Night Shift Operator

Class: BCertificate No: 0007518Name: Patrick Godwin

Lead Operator

Class: BCertificate No: 0007518Name: Patrick Godwin

02/14/2006 15:29 9416978959

SANDALHAVEN UTL

PAGE 08

Flow	Flow	Flow

Sandalhaven WWTP Englewood, Florida

Month January Year 2006

Rate	Flow	Cl-2	pH	NTU	Residual Flow	Residual Flow	B.O.	30 Min	Residual Flow	Residual Flow	Residual Flow	Residual Flow	Residual Flow	Residual Flow
1	.100	4.7	6.5	1.36	.098	Ø	0.8	89						2
2	.092	4.8	6.8	1.55	.090	Ø	1.2	89				✓	✓	2
3	.091	4.2	6.8	0.59	.089	Ø	1.2	90						
4	.091	4.4	6.9	0.61	.089	Ø	1.2	90						
5	.090	4.35	6.9	0.53	.088	Ø	1.2	91				✓	✓	
6	.082	3.9	7.0	0.55	.080	Ø	1.4	91						2
7	.081	4.6	6.7	0.51	.079	Ø	1.2	90					✓	3
8	.085	4.7	6.6	1.09	.083	Ø	1.2	90				✓		
9	.089	4.7	6.6	1.28	.087	Ø	1.2	91					✓	
10	.085	3.8	6.7	.45	.083	Ø	1.2	90				✓		
11	.096	3.7	6.6	.49	.094	Ø	1.4	90					✓	
12	.090	3.3	6.6	0.51	.088	Ø	1.2	90				✓		
13	.097	3.7	6.7	0.50	.095	Ø	1.1	88						
14	.090	3.7	6.7	0.19	.088	Ø	1.2	88					✓	
15	.084	4.3	6.6	0.50	.082	Ø	1.1	89				✓		
16	.093	3.3	6.6	.62	.091	Ø	1.2	86					✓	2
17	.096	3.8	6.8	.49	.094	Ø	1.4	89						
18	.100	4.0	6.8	.43	.098	Ø	1.2	88				✓		
19	.095	4.7	6.7	.52	.093	Ø	1.4	70					✓	
20	.093	4.1	6.8	.60	.091	Ø	1.2	89				✓		
21	.103	4.0	6.8	.71	.101	Ø	1.0	88					✓	4
22	.095	4.1	6.6	.84	.093	Ø	1.0	89				✓	✓	
23	.100	2.0	6.6	.66	.098	Ø	1.2	91						
24	.095	2.0	6.9	.86	.093	Ø	1.2	93				✓	✓	
25	.097	1.7	6.6	.96	.095	Ø	1.0	92						
26	.098	2.0	6.7	.89	.096	Ø	1.8	92				✓	✓	
27	.083	2.1	6.8	.75	.082	Ø	1.0	92						
28	.069	1.3	6.8	.81	.062	Ø	1.0	93				✓	✓	1
29	.084	1.1	6.8	.85	.082	Ø	1.0	93				✓		
30	.092	2.3	6.7	.66	.090	Ø	1.2	93					✓	
31	.073	5.0	6.8	.78	.071	Ø	1.4	92				✓		
Total	2804				2742	Ø								
Average	.090				.088	Ø								

FILE COPY 690

Monthly
Domestic

REPORT
GROUP

PERMIT NUMBER
FLA014053

LIMIT
Final
CLASS SIZE
N/A

MONITORING GROUP NUMBER: R-001

MONITORING GROUP DESC: , including influent

NO DISCHARGE FROM SITE: ☒

MONITORING PERIOD From: 10-21-06 To: 10-31-06

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
MAILING ADDRESS: 200 Weatherford Avenue
Altamonte Springs, FL 32714
FACILITY: Sandalhaven WWTP
6811 Placida Road
Englewood, FL 34224
LOCATION: Englewood, FL 34224
COUNTY: Charlotte

Parameter	Quantity or Loading		Units	Quality or Concentration		Units	No.	Frequency of Analysis	Sample Type
Flow	Sample	0.006					φ		
	Requirement	(An.Avg.)	MGD						
Flow	Requirement								
	Sample	φ					φ		
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DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Sandalhaven WWTP

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: 10-01-06 To

PERMIT NUMBER: FLA914053

10-31-06

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			6.4	6.8			Ø		
PARM Code 00400 A Mon. Site No. BFA-1	Permit Requirement			6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			1.6				Ø		
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement			200 (Ar. Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement			<1	<1	<1		Ø		
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement			Report (Mo. Geo. Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement		*	0.9				Ø		
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement			0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			0.61				Ø		
PARM Code 00620 A Mon. Site No. EFA-1	Permit Requirement			12.0 (Max.)			MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			117				Ø		
PARM Code 80082 G Mon. Site No. INF-1	Permit Requirement			Report (Mo. Avg.)			MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			178				Ø		
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement			Report (Mo. Avg.)			MG/L		Every Two Weeks	8-hr. FPC
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

* 10-10-06 Cl₂ Dropped to 0.9 for about 15 min's } because of high flow

PERMIT NUMBER 11-000005

10-31-06

REF ID: A61111

MONITORING PERIOD: From 10-01-06

[illegible]

Facility: Sanda Haven WWTP

[illegible]

Patrick Godwin

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period:

FLA014053

From:

10-01-06

To:

10-31-06

Facility:

Sandalhaven WWTP

	Flow (MGD)	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	pH (SU)	TRC (For Disinfect.) (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	CBOD5 (MG/L)	TSS (MG/L)	
Code	50050	50050	80082	00530	00400	50060	74055	00620	80082	00530	
Mon. Site	OTH-1A	OTH-1B	INP-1	INP-1	EPA-1	EPA-1	EPA-1	EPA-1	EPA-1	EPA-1	
1	0.074	0			6.7	1.2					
2	0.073	0			6.6	5.0	<1				
3	0.070	0			6.7	5.0	<1				
4	0.082	0			6.8	4.7	<1				
5	0.069	0			6.7	5.0	<1				
6	0.070	0			6.7	5.0					
7	0.067	0			6.5	2.5					
8	0.063	0			6.5	4.0					
9	0.075	0			6.6	1.7	<1				
10	0.068	0	96	170	6.6	0.9	<1	0.61	<2	<0.6	
11	0.063	0			6.6	2.8	<1				
12	0.065	0			6.6	4.2	<1				
13	0.064	0			6.6	1.9					
14	0.061	0			6.5	3.0					
15	0.066	0			6.5	2.7					
16	0.070	0			6.6	2.0	<1				
17	0.069	0			6.6	2.5	<1				
18	0.050	0			6.7	1.8	<1				
19	0.069	0			6.7	1.1	<1				
20	0.076	0			6.7	1.0					
21	0.072	0			6.7	3.1					
22	0.061	0			6.7	1.3					
23	0.062	0			6.6	2.8					
24	0.067	0	138	186	6.8	2.5		0.23	<2	1.1	
25	0.062	0			6.8	1.6	2				
26	0.067	0			6.7	5.0	<1				
27	0.076	0			6.8	1.2	<1				
28	0.100	0			6.7	1.1	<1				
29	0.086	0			6.7	1.3					
30	0.085	0			6.4	1.3	<1				
31	0.084	0			6.7	1.5	<1				
Total	2.186	0						.84			
Mo. Avg.	0.071	0	117	178	6.6	2.6	<1	.42	<2	.85	

PLANT STAFFING:

Day Shift Operator

Class:

C

Certificate No:

0013850

Name:

Michael Monat

Evening Shift Operator

Class:

C

Certificate No:

0013794

Name:

Ted Burleson

Night Shift Operator

Class:

Certificate No:

Name:

Lead Operator

Class:

B

Certificate No:

0007518

Name:

Patrick Godwin

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FILE COPY

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 3549, Ft. Myers, FL, 33902-3549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
 MAILING ADDRESS: 200 Weathersfield Avenue
 Altamonte Springs, FL 32714

FACILITY: Sandalhaven WWTP
 LOCATION: 6811 Placida Road
 Englewood, FL 34224

COUNTY: Charlotte

PERMIT NUMBER: FLA014053

LIMIT:
CLASS SIZEFinal
N/AREPORT
GROUPMonthly
Domestic

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: including Influent

NO DISCHARGE FROM SITE ☒ From 09-01-06 To 09-30-06
 MONITORING PERIOD

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Freq. of Analysis	Sample Type
Flow	PARM Code 50050 Y Mon. Site No. OTH-IB	0.006 0.15 (An. Avg.)	MGD			5 Days/Week	Flow Totalizer
Flow	PARM Code 50050 P Mon. Site No. OTH-IB	Report (Mo. Avg.)	MGD			5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	PARM Code 80082 Y Mon. Site No. EPA-1	2.1 20.0 (An. Avg.)			MG/L	Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	PARM Code 80082 A Mon. Site No. EPA-1	<2 30.0 (Mo. Avg.)		<2 45.0 (Weekly Avg.)	MG/L	Every Two Weeks	8-hr. FPC
Solids, Total Suspended	PARM Code 00530 Y Mon. Site No. EPA-1	-68 20.0 (An. Avg.)			MG/L	Every Two Weeks	8-hr. FPC
Solids, Total Suspended	PARM Code 00530 A Mon. Site No. EPA-1	<0.6 30.0 (Mo. Avg.)		<0.6 45.0 (Weekly Avg.)	MG/L	Every Two Weeks	8-hr. FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YYMMDD)
Patrick Godwin Lead Operator	Patrick Godwin	697-4797	06-10-20

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

FACILITY: Sandhaven WWTP

DISCHARGE MONITORING REPORT - PART A (Continued)

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: 09-01-06 To

PERMIT NUMBER: HA011053

09-30-06

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH					6.4	6.8			Ø		
PARM Code 00400 A	Sample Measurement				6.0 (Min.)	8.5 (Max.)		SI	Ø	5 Days/Week	Grab
Mon. Site No. EPA-1	Permit Requirement				<1				Ø		
Coliform, Fecal	Sample Measurement				200 (Ar. Avg.)			#/100ML	Ø	Every Two Weeks	Grab
PARM Code 74055 Y	Permit Requirement				<1	<1	<1		Ø		
Mon. Site No. EPA-1	Sample Measurement				Report (Mo. Geo. Mean)	400 (90%)	800 (Max.)	#/100ML	Ø	Every Two Weeks	Grab
Coliform, Fecal	Permit Requirement				*	0.8			Ø		
PARM Code 74055 A	Sample Measurement				0.5 (Min.)			MG/L	Ø	5 Days/Week	Grab
Mon. Site No. EPA-1	Permit Requirement				6.18				Ø		
Total Residual Chlorine (For Disinfection)	Sample Measurement				12.0 (Max.)			MG/L	Ø	Every Two Weeks	8-hr. FPC
PARM Code 50060 A	Permit Requirement				51				Ø		
Mon. Site No. EPA-1	Sample Measurement				Report (Mo. Avg.)			MG/L	Ø	Every Two Weeks	8-hr. FPC
Nitrogen, Nitrate, Total (as N)	Permit Requirement				69.5				Ø		
PARM Code 00620 A	Sample Measurement								Ø		
Mon. Site No. EPA-1	Permit Requirement								Ø		
BOD, Carbonaceous 5 day, 20C	Sample Measurement								Ø		
PARM Code 80082 G	Permit Requirement								Ø		
Mon. Site No. INF-1	Sample Measurement								Ø		
Solids, Total Suspended	Permit Requirement								Ø		
PARM Code 00530 G	Sample Measurement								Ø		
Mon. Site No. INF-1	Permit Requirement								Ø		
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

* 09-19-06 Cl₂ Dropped to 0.8 for about mins } Because of

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2549, Ft. Myers, FL 33902-2549

PERMITTEE NAME: Gardines Incorporated of Sandalhaven
MAILING ADDRESS: 200 Weatherfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER

FLA00051

FACILITY: Sandalhaven WWTP
LOCATION: 68EE Placida Road
Englewood, FL 34224

LINE#
CLASS SIZE

Final
N/A

REPORT
GROUP

Monthly
Domestic

MONITORING GROUP NUMBER: R 002
MONITORING GROUP DESC:

COUNTY: Charlotte

NO DISCHARGE FROM SITE: ☒
MONITORING PERIOD From: 09-01-06 To: 09-30-06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.090				Ø		
PARM Code 50050 Y Mon. Site No. OTH-1A	Permit Requirement	0.10 (An. Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0.100				Ø		
PARM Code 50050 P Mon. Site No. OTH-1A	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.1		Ø		
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)	MGL		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			< 2	< 2	Ø		
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement			30.0 (Mo. Avg.)	45.0 (Weekly Avg.)	60 (Max.)	Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			2.1		Ø		
PARM Code 00530 B Mon. Site No. EFB-1	Permit Requirement			5.0 (Max.)			4 Days/Week	Grab
pH	Sample Measurement			6.4	6.8	Ø		
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement			6.0 (Min.)	8.5 (Max.)		5 Days/Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YYMMDD)
Patrick Godwin Lead Operator	Patrick Godwin	697-4797	06-10-20

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

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period:

FLA014053

From: 09-01-06

To: 09-30-06

Facility: Sandalhaven WWTP

	Flow (MGD)	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	pH (SU)	TRC (For Disinfect.) (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	CBOD5 (MG/L)	TSS (MG/L)	
Code	50050	50050	80082	00530	00400	50060	74055	00620	80082	00530	
Mon. Site	OTH-1A	OTH-1B	INF-1	INF-1	BFA-1	BFA-1	EFA-1	EFA-1	EFA-1	EFA-1	
1	0.127	0			6.7	1.4					
2	0.130	0			6.7	1.6					
3	0.143	0			6.7	1.4					
4	0.119	0			6.7	2.1					
5	0.097	0			6.7	1.8	<1				
6	0.105	0			6.7	1.5	<1				
7	0.085	0			6.7	3.5	<1				
8	0.093	0			6.7	3.5	<1				
9	0.080	0			6.4	3.5					
10	0.080	0			6.5	5.0					
11	0.072	0			6.6	5.0	<1				
12	0.085	0	68	85	6.7	4.5	<1	6.18	<2	<0.6	
13	0.098	0			6.7	4.5	<1				
14	0.109	0			6.7	5.0	<1				
15	0.094	0			6.6	5.0					
16	0.089	0			6.5	4.8					
17	0.082	0			6.6	5.0					
18	0.089	0			6.7	2.6	<1				
19	0.111	0			6.7	0.8	<1				
20	0.152	0			6.8	1.0	<1				
21	0.110	0			6.7	4.1	<1				
22	0.113	0			6.7	2.8					
23	0.111	0			6.5	2.8					
24	0.094	0			6.5	1.5					
25	0.084	0			6.6	2.2	<1				
26	0.102	0	34	54.0	6.7	5.0	<1	4.83	<2	<0.6	
27	0.103	0			6.7	5.0	<1				
28	0.085	0			6.7	3.8	<1				
29	0.086	0			6.7	5.0					
30	0.067	0			6.7	5.0					
31											
Total	2.995	0									
Mo. Avg.	0.100	0	51	69.5	6.7	3.4	<1	5.51	<2	<0.6	

PLANT STAFFING:

Day Shift Operator

Class:

C

Certificate No:

0013850

Name:

Michael Monat

Evening Shift Operator

Class:

C

Certificate No:

0013794

Name:

Ted Burleson

Night Shift Operator

Class:

B

Certificate No:

0007518

Name:

Patrick Godwin

Lead Operator

Class:

B

Certificate No:

0007518

Name:

DAILY SAMPLE RESULTS - PART BPermit Number:
Monitoring Period:

FLA014053

FLA014053
From: 09-01-06 To: 09-30-06 Facility: Sandalhaven WWTP

Facility: Sandalhaven WWTP

[illegible]

PLANT STAFFING:

Day Shift Operator

Class:

C

Certificate No:

0013850

Name:

Michael Monat

Evening Shift Operator

Class:

C

Certificate No:

0013394

Name:

Ted Burleson

Night Shift Operator

Class:

Certificate No:

Name:

Patrick Godwin

Lead Operator

Class:

B

Certificate No:

0007518

Name:

08/24/2006 09:41 4078898961

UTILITIES, INC. OF FLORIDA
AN AFFILIATE OF UTILITIES, INC.
350 WEATHERSFIELD AVENUE
ALAMONTE SPRINGS, FLORIDA 32714

CORPORATE OFFICES:
2335 Sanders Road
Northbrook, Illinois 60062
Telephone: 847-499-4440

Telephone: 407-889-1919
Florida 800-272-1919
Fax: 407-889-6961
Email: SendFax@utilitiessinc-usa.com

Fax Transmittal

To: Wanda Date:
Company: SANDALHAVEN Fax #: 941-697-8959
From: Lennie Godwin Pages: 1 including this cover page.
Subject: DMR for the Month

☒ URGENT
☐ As Requested

☐ For Your Review
☐ Please Comment

☐ For your information

☐ Please
Reply

Original: ☐ will not be sent
via U.S. Mail

**Utilities, Inc.****Message:**

This message is for the named person's use only. It may contain sensitive, private or protected information. No confidentiality or privilege is waived or lost by any non-confidentiality. If you are not the intended recipient, please notify the sender immediately at the telephone number listed above. It is also requested that you immediately notify the sender of the address above. You must not, directly or indirectly, use, disclose, distribute, print or copy any part of this message if you are not the intended recipient. Thank you.

CA Documents and Settings\Ash Wright\Desktop\UTL Templates\ATTN: Wanda CONFIDENTIAL.doc

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2549, Ft. Myers, FL 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
MAILING ADDRESS: 209 Weathersfield Avenue
Altamonte Springs, FL 32714

FACILITY: Sandalhaven WWTP
LOCATION: 6811 Placida Road
Englewood, FL 34224

COUNTY: Charlotte

PERMIT NUMBER: FLA014053

LIMIT: Final
CLASS SIZE: N/A

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

NO DISCHARGE FROM SITE ☒
MONITORING PERIOD From: 08-01-06 To: 08-31-06

REPORT GROUP: Monthly Domestic

FILE COPY

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Permit Requirement	0.006						
PARM Code 50050 Y	Permit Requirement	0.15	MGD				5 Days/Week	Flow Totalizer
Mon. Site No. OTH-1B	Sample Measurement	0						
Flow	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Flow Totalizer
PARM Code 50050 P	Permit Requirement							
Mon. Site No. OTH-1B	Sample Measurement							
BOD, Carbonaceous 5 day, 20C	Permit Requirement							
PARM Code 80082 Y	Permit Requirement			2.1				
Mon. Site No. EPA-1	Sample Measurement			20.0 (Mo. Avg.)	MGD		Every Two Weeks	8-hr. FTC
BOD, Carbonaceous 5 day, 20C	Permit Requirement			<2				
PARM Code 80082 A	Permit Requirement			30.0 (Mo. Avg.)	MGD		Every Two Weeks	8-hr. FTC
Mon. Site No. EPA-1	Sample Measurement			0.7				
Solids, Total Suspended	Permit Requirement			20.0 (Mo. Avg.)	MGD		Every Two Weeks	8-hr. FTC
PARM Code 00530 Y	Permit Requirement			<2				
Mon. Site No. EPA-1	Sample Measurement			30.0 (Mo. Avg.)	MGD		Every Two Weeks	8-hr. FTC
Solids, Total Suspended	Permit Requirement			45.0 (Weekly Avg.)	MGD		Every Two Weeks	8-hr. FTC
PARM Code 00530 A	Permit Requirement			60 (Max)	MGD		Every Two Weeks	8-hr. FTC
Mon. Site No. EPA-1	Sample Measurement			60 (Max)	MGD			

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	697-4797	06-09-22

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Sandalhaven WWTP

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: LA014053

MONITORING PERIOD From 08-01-06 To 08-31-06

Parameter	Sample	Quantity or Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Measurement			6.3	7.0		0		
PARM Code 00400 A	Permit Requirement			6.0 (Min.)	8.5 (Max.)	SD		5 Days/Week	Grab
Mon. Site No. EPA-1 Coliform, Fecal	Sample			<1			0		
PARM Code 74055 Y	Measurement			200 (Ar. Avg.)		#/100ML		Every Two Weeks	Grab
Mon. Site No. EPA-1 Coliform, Fecal	Permit Requirement			<1	<1		0		
PARM Code 74055 A	Measurement			Report (Mo. Geo. Mean)	400 (90%)	#/100ML		Every Two Weeks	Grab
Mon. Site No. EPA-1 Total Residual Chlorine (For Disinfection)	Permit Requirement			0.7			0		
PARM Code 50060 A	Sample			0.5 (Min.)		MGL		5 Days/Week	Grab
Mon. Site No. EPA-1 Nitrogen, Nitrate, Total (as N)	Permit Requirement			6.56			0		
PARM Code 00620 A	Measurement			12.0 (Max.)		MGL		Every Two Weeks	8-hr. FIC
Mon. Site No. EPA-1 BOD, Carbonaceous 5 day, 20C	Permit Requirement			112			0		
PARM Code 80082 G	Sample			Report (Mo. Avg.)		MGL		Every Two Weeks	8-hr. FIC
Mon. Site No. INF-1 Solids, Total Suspended	Measurement			97			0		
PARM Code 00530 G	Permit Requirement			Report (Mo. Avg.)		MGL		Every Two Weeks	8-hr. FIC
Mon. Site No. INF-1	Sample								
	Measurement								
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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2549, Ft. Myers, FL 33902-2549

PERMITTEE NAME: Cullins Incorporated of Sandalhaven
MAILING ADDRESS: 200 Weatherfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014051

LIMIT: Final
CLASS SIZE: N/A

REPORT GROUP: Monthly
Domestic

FACILITY: Sandalhaven WWTP
LOCATION: 6811 Florida Road
Euglewood, FL 34224

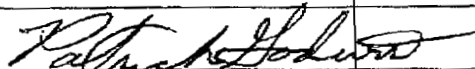
MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC:

COUNTY: Charlotte

NO DISCHARGE FROM SITE ☒
MONITORING PERIOD From: 08-01-06 To 08-31-06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.087				Ø		
PARM Code 50050 Y Mon. Site No. OTH-1A	Permit Requirement	0.10 (An. Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0.102				Ø		
PARM Code 50050 P Mon. Site No. OTH-1A	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.1		Ø		
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)	MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<2	<2	Ø		
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement			30.0 (Mo. Avg.)	45.0 (Weekly Avg.)	60 (Max.)	MG/L	Every Two Weeks
Solids, Total Suspended	Sample Measurement			<0.6		Ø		
PARM Code 00530 B Mon. Site No. EFB-1	Permit Requirement			5.0 (Max.)			MG/L	4 Days/Week
pH	Sample Measurement			6.3	7.0	Ø		
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement			6.0 (Min.)	8.5 (Max.)		SU	5 Days/Week

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Patrick Godwin Lead Operator		697-4797	06-09-22

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY Sandilham WWTP

MONITORING POINT NUMBER R-002

PERMIT NUMBER 11-A01-013

From 08-01-06 to 08-31-06

Parameter	Quantity or Loading		Units	Quality or Concentration		Units	No. of Analyses	Frequency of Analyses	Sample Type
Coliform, Total	Sample	Measurement							
	Permit	Requirement							
PARM Code 74055 A Mon. Site No. EFA-1	Sample <td></td> <td></td> <td><1</td> <td></td> <td>6/100ML</td> <td></td> <td></td> <td></td>			<1		6/100ML			
	Measurement <td></td> <td></td> <td>25 (Max.)</td> <td></td> <td></td> <td></td> <td>4 Days/Week</td> <td>Grab</td>			25 (Max.)				4 Days/Week	Grab
Total Residual Chlorine (Free Disinfection)	Sample <td></td> <td></td> <td>0.7</td> <td></td> <td></td> <td></td> <td></td> <td></td>			0.7					
	Measurement <td></td> <td></td> <td>1.0 (Min.)</td> <td></td> <td>MGL</td> <td></td> <td>Continuous</td> <td>Grab</td>			1.0 (Min.)		MGL		Continuous	Grab
PARM Code 50060 A Mon. Site No., EFA-1	Permit <td></td> <td></td> <td>1.02</td> <td></td> <td></td> <td></td> <td></td> <td></td>			1.02					
	Requirement <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
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DEP FORM 02-020.910(10), EFFECTIVE NOVEMBER 29, 1994

PLANT STAFFING:
Day Shift Operator
Evening Shift Operator
Night Shift Operator
Lead Operator

Class:	<u>7</u>	Certificate No:	<u>0019850</u>	Name:	<u>0019850</u>
Class:	<u>5</u>	Certificate No:	<u>0013794</u>	Name:	<u>0013794</u>
Class:	<u>B</u>	Certificate No:	<u>0007518</u>	Name:	<u>0007518</u>

Michael Monaf
Ted Buellson
Patrick Godwin

Flow (MGD)	OTB-1A	OTB-1B	INF-1	INF-1	00400	30060	74055	00620	80082	00530	Mon. Site	Code
Flow (MGD)	0.072	0	42	54.0	3.0	5.0	<1	0.61	<2	<0.6		
CBOD5 (MG/L)	0.081	0			6.8	3.4	<1					
Flow (MGD)	0.080	0			6.8	1.3	<1					
CBOD5 (MG/L)	0.101	0			6.7	1.8						
Flow (MGD)	0.088	0			6.5	2.5						
CBOD5 (MG/L)	0.091	0			6.5	2.9						
Flow (MGD)	0.101	0			6.6	5.0	<1					
CBOD5 (MG/L)	0.095	0			6.6	5.0	<1					
Flow (MGD)	0.098	0			6.6	1.0	<1					
CBOD5 (MG/L)	0.089	0			6.6	5.0	51					
Flow (MGD)	0.078	0			6.6	1.0						
CBOD5 (MG/L)	0.071	0			6.5	2.6						
Flow (MGD)	0.078	0			6.5	5.0						
CBOD5 (MG/L)	0.153	0			6.6	5.0	<1					
Flow (MGD)	0.111	0	229	82	6.7	0.7	<1	1.39	<2	<0.6		
CBOD5 (MG/L)	0.108	0			6.8	1.0	<1					
Flow (MGD)	0.103	0			6.8	0.8	<1					
CBOD5 (MG/L)	0.103	0			6.7	4.2						
Flow (MGD)	0.098	0			6.6	4.3						
CBOD5 (MG/L)	0.087	0			6.5	4.6						
Flow (MGD)	0.087	0			6.6	1.0	<1					
CBOD5 (MG/L)	0.086	0			6.6	1.2	<1					
Flow (MGD)	0.079	0			6.7	5.0	51					
CBOD5 (MG/L)	0.104	0			6.7	5.0	<1					
Flow (MGD)	0.242	0			6.7	1.3						
CBOD5 (MG/L)	0.138	0			6.3	5.0						
Flow (MGD)	0.121	0			6.6	2.5						
CBOD5 (MG/L)	0.100	0			6.8	2.3	<1					
Flow (MGD)	0.097	0	64	155	6.6	4.0	<1	6.56	<2	<0.6		
CBOD5 (MG/L)	0.095	0			6.6	5.0	<1					
Flow (MGD)	0.126	0			6.7	1.7	<1					
CBOD5 (MG/L)	3.161	0										
Flow (MGD)	0.102	0										
CBOD5 (MG/L)	0.112											
Flow (MGD)	0.072											
CBOD5 (MG/L)	0.062											
Flow (MGD)	0.050											
CBOD5 (MG/L)	0.040											
Flow (MGD)	0.030											
CBOD5 (MG/L)	0.020											
Flow (MGD)	0.010											
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Permit Number: 14053
 From: 8-01-06
 To: 8-31-06
 Facility: Sandalhaven WWT
 Monthly 8 Period

Permit Number:
Monitoring Period

FLA014053

FLA014053
From: 8-01-06 To: 8-31-06

Facility: Sandalhaven WWTP

[illegible]

PLANT STAFFING:

Day Shift Operator

Class:

٢

Certificate No:

0013850

Names:

Michael Monat

Evening Shift Operator

Class:

C

Certificate No:

0013794

Name: _____

Ted Burleson

Night Shift Operator

Class:

Certificate No:

Name:

Patrick Godwin

Lead Operator

Class:

B

Certificate No:

0007518

Name:

Patrick Godwin

08/24/2006 08:41 407869-8959

UTILITIES INC OF FL

UTILITIES, INC. OF FLORIDA
AN AFFILIATE OF UTILITIES, INC.
300 WEATHERFIELD AVENUE
ALAMONTE SPRINGS, FLORIDA 32714**CORPORATE OFFICES:**
2335 Sandars Road
Northbrook, Illinois 60062
Telephone: 847-498-8440Telephone: 407-869-1919
Florida 800-272-1919
Fax: 407-869-6561
Sandara@utilities-usa.com**Fax Transmittal**

Attn: Wanda **Date:** _____
Company: SANDALHAVEN **Fax #** 941-697-8959
From: Lennie Godwin **Pages:** 1 including this cover page.
Subject: DMR for the Month

☒ **URGENT**
☐ As Requested☐ For Your Review
☐ Please Comment☐ For your information☐ Please
Reply**Original:** ☐ will not be sent
via U.S. Mail**MANAGER:**

This message is for the named person's use only. It may contain sensitive, private or protected information. No confidentiality or privilege is waived or lost by any mis-transmission. If you are not the intended recipient, please notify the sender immediately at the telephone number listed above. It is also requested that you immediately mark the communication as the address above. You must not, directly or indirectly, use, disclose, distribute, print or copy any part of this message if you are not the intended recipient. Thank you.

C:\Documents and Settings\Leah Wright\My Documents\UTP Templates\FAX TEMPLATE CONFIDENTIAL.doc

ADDENDUM

PERMITTEE NAME: Libbes Incorporated of Sandhaven
MAILING ADDRESS: 300 Westchester Avenue
Alhambra Springs, El. 32714

Alhambra Springs, Fr. 32714

FACILITY: Sandbaken WWTP

5811 N. 13th St.
Englewood, FL 34224

COUNTY: Charlotte

NO DISCHARGE FROM SITE: ☒ MONITORING PERIOD FROM 06

MONITORING GROUP DESC. * including infants

MONITORING GROUP NUMBER: H-601

THIS COPY
FURNISHED

2004
10月

REPORT
(GPO)

အမှတ်(၁) နယ်လမ်းဆုံ

90-08-90

Parameter	Quantity or Loading	Units	Quality or Concentration
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Units

Quantity or Concentration	Time	Temperature	Remarks
100	10	25	100
100	20	25	100
100	30	25	100
100	40	25	100
100	50	25	100
100	60	25	100
100	70	25	100
100	80	25	100
100	90	25	100
100	100	25	100

Units

Type

[illegible]

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

2025 RELEASE UNDER E.O. 14176

DATE (MM/DD/YY) _____

Patrick Godwin Lead Operator

John G. Johnson

٤٦٤٦٤٦٩

06-07-20

7. The following table shows the number of people who visited the museum in each month from January to December. The number of people who visited the museum in each month is given in the table below.

TABLE 1. *Estimated and observed values of the parameters of the model for the 1997-1998 season*

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2549, Ft. Myers, FL 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
 MAILING ADDRESS: 200 Wearbernsfield Avenue
 Altamonte Springs, FL 32714
 FACILITY: Sandalhaven WWP
 6811 Placida Road
 Englewood, FL 34224
 COUNTY: Charlotte
 NO DISCHARGE FROM SITE: ☒ 4-01-06 To 4-30-06
 MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: , including Influent
 LIMIT: Final
 CLASS SIZE: N/A
 REPORT: Monthly
 GROUP: Domestic

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No.	Frequency of	Sample Type
Flow	Sample		0.003			5 Days/Week	Flow Totalizer
PARM Code 50050 Y	Permit		0.15			5 Days/Week	Flow Totalizer
Mon Site No. QTH-1B	Requirement		(An Avg.)				
Flow	Sample		0.0			5 Days/Week	Flow Totalizer
PARM Code 50050 P	Requirement		Report			5 Days/Week	Flow Totalizer
Mon Site No. QTH-1B	Requirement		(Mo Avg.)				
BOD, Carbonaceous 5 day, 20C	Sample		< 2			Every Two Weeks	8-hr. FPC
PARM Code 80082 Y	Permit					Every Two Weeks	8-hr. FPC
Mon Site No. BFA-1	Requirement						
BOD, Carbonaceous 5 day, 20C	Sample		< 2			Every Two Weeks	8-hr. FPC
PARM Code 80082 A	Permit					Every Two Weeks	8-hr. FPC
Mon Site No. BFA-1	Requirement						
Solids, Total Suspended	Sample		< 0.87			Every Two Weeks	8-hr. FPC
PARM Code 00530 Y	Permit					Every Two Weeks	8-hr. FPC
Mon Site No. BFA-1	Requirement						
Solids, Total Suspended	Sample		< 0.6			Every Two Weeks	8-hr. FPC
PARM Code 00530 A	Permit					Every Two Weeks	8-hr. FPC
Mon Site No. BFA-1	Requirement						

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	697-4797	06-05-15

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

690

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH											
PARM Code 00400 A	Sample Measurement				6.7	7.0			Ø		
Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				<1				Ø		
PARM Code 74055 Y	Permit Requirement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Mon.Site No. EFA-1	Sample Measurement				<1	<1	<1		Ø		
Coliform, Fecal	Permit Requirement				Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
PARM Code 74055 A	Sample Measurement				1.4				Ø		
Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.48				Ø		
PARM Code 50060 A	Permit Requirement				12.0 (Max.)			MG/L		Every Two Weeks	8-hr. FPC
Mon.Site No. EFA-1	Sample Measurement				310				Ø		
Nitrogen, Nitrate, Total (as N)	Permit Requirement				Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hr. FPC
PARM Code 00620 A	Sample Measurement				233				Ø		
Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement										
PARM Code 80082 G	Permit Requirement										
Mon.Site No. INF-1	Sample Measurement										
Solids, Total Suspended	Permit Requirement										
PARM Code 00530 G	Sample Measurement										
Mon.Site No. INF-1	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

When completed mail this report to: Department of Environmental Protection, South Florida, Florida Department of Environmental Protection, P.O. Box 2549, Tallahassee, FL 32302-2549

PERMIT NUMBER: FLA014053
 LIMIT: Final
 CLASS SIZE: N/A
 REPORT: Monthly
 GROUP: Domestic

PERMITTING NAME: Utilities Incorporated of Sandalhaven
 ADDRESS: 200 Weatherfield Avenue
 Tallahassee Springs, FL 32314
 LOCATION: Sandalhaven WWTP
 6811 Piccola Road
 Englewood, FL 34224

COUNTY: Charlotte

NO DISCHARGE FROM SITE: ☒
 MONITORING PERIOD: From: 4-01-06 To: 4-30-06

MONITORING GROUP NUMBER: R-002
 MONITORING GROUP DESC:

Parameter	Flow	Sample	Measurement	Requirement	Permit	Report	MGD	Units	Quality or Concentration	Units	No.	Frequency of Analysis	Sample Type
PARM Code 50050 Y	Mon. Site No. 07H-1A	Measurement	0.091					MGD				5 Days/Week	Flow Totalizer
		Requirement	(An Avg.) 0.10										
PARM Code 50050 P	Mon. Site No. 07H-1A	Sample	0.071					MGD				5 Days/Week	Flow Totalizer
		Requirement	(Mo Avg.)										
PARM Code 80082 Y	BOD, Carbonaceous 5 day, 20C	Measurement	<2										
		Permit	20.0 (An Avg.)									Every Two Weeks	8-hr. FPC
PARM Code 80082 A	BOD, Carbonaceous 5 day, 20C	Measurement	<2										
		Permit	30.0 (Mo Avg.)									Every Two Weeks	8-hr. FPC
PARM Code 00530 B	Solids, Total Suspended	Measurement	1.8									4 Days/Week	Grab
		Permit	5.0 (Max.)										
PARM Code 00400 A	pH	Measurement	6.7									5 Days/Week	Grab
		Permit	6.0 (Min.)										

[illegible]

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period:

FLA014053

From: 4-01-06 To: 4-30-06

Facility: Sandhaven WWTP

	Flow (MGD)	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	pH (SU)	TRC (For Disinfect.) (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	CBOD5 (MG/L)	TSS (MG/L)	
Code	50050	50050	80082	00530	00400	50060	74055	00620	80082	00530	
Mon. Site	OTH-1A	OTH-1B	INR-1	INR-1	EPA-1	EPA-1	EPA-1	EPA-1	EPA-1	EPA-1	
1	0.084	0			6.9	3.9					
2	0.084	0			6.8	4.0					
3	0.082	0			6.9	4.5	<1				
4	0.087	0			6.9	3.7	<1				
5	0.062	0			6.9	5.0	<1				
6	0.080	0			6.7	5.0	<1				
7	0.072	0			6.8	5.0					
8	0.075	0			6.8	5.0					
9	0.076	0			6.8	4.6					
10	0.080	0			6.8	3.2	<1				
11	0.067	0	266	172	6.8	5.0	<1	0.26	<2	<0.6	
12	0.065	0			6.7	5.0	<1				
13	0.064	0			6.7	4.7	<1				
14	0.064	0			6.7	4.6					
15	0.074	0			6.8	4.6					
16	0.069	0			6.8	4.5					
17	0.072	0			6.8	3.5	<1				
18	0.077	0			6.8	3.7	<1				
19	0.078	0			6.8	2.5	<1				
20	0.074	0			6.8	3.0	<1				
21	0.071	0			6.9	3.9					
22	0.073	0			6.8	3.8					
23	0.068	0			6.8	4.0					
24	0.066	0			6.9	1.4	<1				
25	0.062	0	354	294	6.9	1.5	<1	0.48	<2	<0.6	
26	0.061	0			7.0	3.5	<1				
27	0.068	0			7.0	2.1	<1				
28	0.057	0			6.9	4.4					
29	0.059	0			6.8	4.7					
30	0.056	0			6.8	4.4					
31											
Total	2127	0									
Mo. Avg.	0.071	0	310	233	6.8	4.0	<1	0.37	<2	<0.6	

PLANT STAFFING

Day Shift Operator

Class:

C

Certificate No:

0013850

Name:

Michael Monat

Evening Shift Operator

Class:

C

Certificate No:

0013794

Name:

Ted Burleson

Night Shift Operator

Class:

B

Certificate No:

0007518

Name:

Patrick Godwin

Lead Operator

Class:

B

Certificate No:

0007518

Name:

Patrick Godwin

UTILITIES INC OF HUTCHINSON ISLAND

AN ASSOCIATE OF UTILITIES INC

600 N.E. OCEAN BLVD

STUART, FLORIDA 34996

COMMUNICATIONS OFFICE

2900 N. Dixie Road

Stuart, FL 34996

Telephone: 888-458-4400

SANDALHAVEN

Telephone: 772-435-7822

Florida 800-458-4400

Fax: 772-435-7822

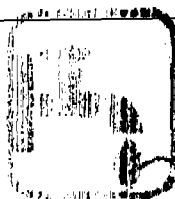
Florida@utilitiesinc.com

Fax TransmittalTo: *Jackie T.*

Date:

From: *U.I.*

Fax #:

Subject: *Lennie G. / Sandalhaven* Pages: *7* including this cover page.Reference: *DMR*☐ This copy
is requested☐ For Your Review
Please Comment☐ For your
Information☐ Please
ReplyOriginal ☐ will not be sent
via U.S. Mail**Messages:***DMR**Thank's**Lennie G*

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P O Box 2549, Ft. Myers, FL 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

FACILITY: Sandalhaven WWTP
LOCATION: 6811 Placida Road
Englewood, FL 34224

COUNTY: Charlotte

PERMIT NUMBER FLA014053

LIMIT: Final
CLASS SIZE: N/A

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

NO DISCHARGE FROM SITE: ☒ 3-01-06 To 3-31-06
MONITORING PERIOD

REPORT: Monthly
GROUP: Domestic

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow								
PARM Code 50050 Y	0.003							
Mon. Site No. OTH-1B	0.15 (An. Avg.)		MGD				5 Days/Week	Flow Totalizer
Flow								
PARM Code 50050 P	0.033							
Mon. Site No. OTH-1B	Report (Mo. Avg.)		MGD				5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C								
PARM Code 80082 Y								
Mon. Site No. EPA-1			20.0 (An. Avg.)		MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C								
PARM Code 80082 A								
Mon. Site No. EPA-1			30.0 (Mo. Avg.)	45.0 (Weekly Avg.)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended								
PARM Code 00530 Y								
Mon. Site No. EPA-1			20.0 (An. Avg.)		MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended								
PARM Code 00530 A								
Mon. Site No. EPA-1			30.0 (Mo. Avg.)	45.0 (Weekly Avg.)	MG/L		Every Two Weeks	8-hr. FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	697-4797	06-04-18

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

Parameter	Sample	Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample	Measurement							
PARM Code 00400 A	Permit	Requirement			6.7	7.1			
Mon. Site No. EFA-1	Sample	Measurement			6.0 (Min.)	8.5 (Max.)		5 Days/Week	Grab
Coliform, Fecal	Sample	Measurement			<1				
PARM Code 74055 Y	Permit	Requirement			200 (An.Avg.)				
Mon. Site No. EFA-1	Sample	Measurement			<1	<1		Every Two Weeks	Grab
Coliform, Fecal	Permit	Requirement			Report (Mo.Geo.Mean)	400 (90%)			
PARM Code 74055 A	Sample	Measurement			1.8	800 (Max.)		Every Two Weeks	Grab
Mon. Site No. EFA-1	Permit	Requirement			0.5 (Min.)				
Total Residual Chlorine (For Disinfection)	Sample	Measurement			0.59			5 Days/Week	Grab
PARM Code 50060 A	Permit	Requirement							
Mon. Site No. EFA-1	Sample	Measurement			12.0 (Max.)				
Nitrogen, Nitrate, Total (as N)	Permit	Requirement			341				
PARM Code 00620 A	Sample	Measurement			Report (Mo.Avg.)			Every Two Weeks	8-hr. FPC
Mon. Site No. EFA-1	Permit	Requirement			536				
BOD, Carbonaceous 5 day, 20C	Sample	Measurement			Report (Mo.Avg.)			Every Two Weeks	8-hr. FPC
PARM Code 80082 G	Permit	Requirement							
Mon. Site No. INF-1	Sample	Measurement							
Solids, Total Suspended	Permit	Requirement							
PARM Code 00530 G	Sample	Measurement							
Mon. Site No. INF-1	Permit	Requirement							
	Sample	Measurement							
	Permit	Requirement							
	Sample	Measurement							
	Permit	Requirement							
	Sample	Measurement							
	Permit	Requirement							

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2549, Ft. Myers, FL 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014053

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Sandalhaven WWTP
LOCATION: 6811 Placida Road
Englewood, FL 34224

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC:

COUNTY: Charlotte

NO DISCHARGE FROM SITE: ☒
MONITORING PERIOD From: 3-01-06 To 3-31-06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.094				0		
PARM Code 50050 Y	Permit Requirement	0.10 (An.Avg.)	MGD				5 Days/Week	Flow Totalizer
Mon.Site No. OTH-1A	Sample Measurement	0.111				0		
Flow	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow Totalizer
PARM Code 50050 P	Sample Measurement					0		
Mon.Site No. OTH-1A	Permit Requirement							
BOD, Carbonaceous 5 day, 20C	Sample Measurement			< 2		0		
PARM Code 80082 Y	Permit Requirement			20.0 (An.Avg.)	MG/L		Every Two Weeks	8-hr. FPC
Mon.Site No. EPA-1	Sample Measurement			< 2		0		
BOD, Carbonaceous 5 day, 20C	Permit Requirement			30.0 (Mo.Avg.)	MG/L		Every Two Weeks	8-hr. FPC
PARM Code 80082 A	Sample Measurement			45.0 (Weekly Avg.)	MG/L			
Mon.Site No. EPA-1	Permit Requirement			60 (Max.)	MG/L			
Solids, Total Suspended	Sample Measurement			6.7		3		
PARM Code 00530 B	Permit Requirement			5.0 (Max.)	MG/L		4 Days/Week	Grab
Mon.Site No. EFB-1	Sample Measurement			6.7		0		
pH	Permit Requirement			7.1				
PARM Code 00400 A	Sample Measurement			6.0 (Min.)	SU		5 Days/Week	Grab
Mon.Site No. EPA-1	Permit Requirement			8.5 (Max.)				

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YYMMDD)
Patrick Godwin Lead Operator	Patrick Godwin	697-4797	06-04-18

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

* Plant in reject from 3-01-06 to 3-09-06

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	Frequency of Analysis	No. Ex.	Sample Type
Coliform, Fecal PARM Code 74055 A Mon. Site No. EPA-1	Sample Measurement						
	Permit Requirement						
	Sample Measurement						Grab
	Permit Requirement						
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon. Site No., EFA-1	Sample Measurement						
	Permit Requirement						
	Sample Measurement						Grab
	Permit Requirement						
Turbidity PARM Code 00070 B Mon. Site No. EFB-1	Sample Measurement						
	Permit Requirement						
	Sample Measurement						Meter
	Permit Requirement						
	Sample Measurement						
	Permit Requirement						
	Sample Measurement						
	Permit Requirement						
	Sample Measurement						
	Permit Requirement						
	Sample Measurement						
	Permit Requirement						
	Sample Measurement						
	Permit Requirement						
	Sample Measurement						
	Permit Requirement						
	Sample Measurement						
	Permit Requirement						
	Sample Measurement						
	Permit Requirement						

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring PeriodFLA014053
From:

3-01-06

To: 3-31-06

Facility: Sandalhaven WWTP

	Flow (MGD) <i>Reuse</i>	Flow (MGD) <i>Rib</i>	CBOD5 (MG/L)	TSS (MG/L)	pH (SU)	TRC (For Disinfect.) (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	CBOD5 (MG/L)	TSS (MG/L)	
Code	50050	50050	80082	00530	00400	50050	74055	00620	80082	00530	
Mon. Site	OTH-1A	OTH-1B	INF-1	INF-1	EPA-1	EPA-1	EPA-1	EPA-1	EPA-1	EPA-1	
1	0.111	0.070			6.9	5.0	<1	0.59			
2	0.110	0.110			6.9	3.8	<1	0.01			
3	0.110	0.110			7.0	1.8					
4	0.110	0.110			6.9	1.8					
5	0.205	0.205			6.7	3.6					
6	0.199	0.199			6.8	5.0	<1	0.16			
7	0.109	0.109			6.8	5.0	<1	0.29			
8	0.122	0.122			6.8	5.0	<1	0.02			
9	0.112	0			6.9	5.0	<1	0.39			
10	0.092	0			6.9	3.3					
11	0.096	0			6.8	5.0					
12	0.104	0			6.8	5.0					
13	0.108	0			6.9	4.4	<1				
14	0.098	0	282	172	7.0	5.0	<1	0.52	<2	0.9	
15	0.103	0			7.1	4.6	<1				
16	0.111	0			7.0	3.4	<1				
17	0.113	0			7.0	4.4					
18	0.097	0			6.9	4.6					
19	0.115	0			6.9	4.2					
20	0.104	0			7.0	3.1	<1				
21	0.119	0			6.8	4.5	<1				
22	0.099	0			7.0	3.7	<1				
23	0.103	0			7.0	3.7	<1				
24	0.111	0			6.9	3.8					
25	0.095	0			6.8	4.8					
26	0.112	0			6.8	4.1					
27	0.102	0			6.9	3.9	<1				
28	0.096	0	400	900	6.9	4.8	<1	0.22	<2	<0.6	
29	0.092	0			6.9	3.9	<1				
30	0.092	0			6.9	3.8	<1				
31	0.097	0			6.8	3.6					
Total	3.447	1.035	682	1072				220		1.5	
Mo. Avg.	0.111	0.033	341	536	6.9	4.1	<1	0.28	<2	<0.	

* EST.

PLANT STAFFING:

Day Shift Operator

Class:

C

Certificate No:

0013850

Name:

Michael Monat

Evening Shift Operator

Class:

C

Certificate No:

0013794

Name:

Ted Burleson

Night Shift Operator

Class:

Certificate No:

Name:

Lead Operator

Class:

B

Certificate No:

0007518

Name:

Patrick Godwin

Jackie Tappan

From: Richard Retz [r.retz@utilitiesinc-usa.com]
Sent: Thursday, April 20, 2006 8:43 AM
To: 'Jackie Tappan'
Cc: 'Patrick Flynn'
Subject: March 2006 Sandalhaven DMR

Jackie,

I received the fax concerning the 6.7 TSS for Sandalhaven March 2006 DMR. The exceedance is not considered an excursion if the plant diverts to the reject pond, which it did. It is only noted as an excursion if the effluent left the plant.

Richard W. Retz
Regional Manager
Utilities, Inc. of Florida
200 Weathersfield Avenue
Altamonte Springs, Fl. 32714
407.869.8588, ext. 500
r.retz@utilitiesinc-usa.com

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FILE COPY

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2549, Ft. Myers, FL 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014053

LIMIT: Final
CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

FACILITY: Sandalhaven WWTP
LOCATION: 6811 Placida Road
Englewood, FL 34224MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: , including Influent

COUNTY: Charlotte

NO DISCHARGE FROM SITE: ☒
MONITORING PERIOD From: 2-01-06 To 2-28-06

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	Ø							Ø		
PARM Code 50050 Y Mon. Site No. OTH-1B	Permit Requirement	0.15 (An. Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement	Ø							Ø		
PARM Code 50050 P Mon. Site No. OTH-1B	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				< 2				Ø		
PARM Code 80082 Y Mon. Site No. EPA-1	Permit Requirement				20.0 (An. Avg.)			MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				< 2	< 2	< 2		Ø		
PARM Code 80082 A Mon. Site No. EPA-1	Permit Requirement				30.0 (Mo. Avg.)	45.0 (Weekly Avg.)	60 (Max)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				0.7				Ø		
PARM Code 00530 Y Mon. Site No. EPA-1	Permit Requirement				20.0 (An. Avg.)			MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				0.85	0.85	1.1		Ø		
PARM Code 00530 A Mon. Site No. EPA-1	Permit Requirement				30.0 (Mo. Avg.)	45.0 (Weekly Avg.)	60 (Max)	MG/L		Every Two Weeks	8-hr. FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	697-4797	06-3-15

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Sandalhaven WWTP

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA014053

MONITORING PERIOD From: 2-01-06 To: 2-28-06

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH				6.6	7.0			Ø		
PARM Code 00400 A	Sample Measurement			6.0	8.5		SD		5 Days/Week	Grab
Mon.Site No. EPA-1	Permit Requirement			(Min.)	(Max.)					
Coliform, Fecal				<1				Ø		
PARM Code 74055 Y	Sample Measurement			200			#/100ML		Every Two Weeks	Grab
Mon.Site No. EPA-1	Permit Requirement			(Ar.Avg.)						
Coliform, Fecal				<1	<1	<1		Ø		
PARM Code 74055 A	Sample Measurement			Report	400	800	#/100ML		Every Two Weeks	Grab
Mon.Site No. EPA-1	Permit Requirement			(Mo.Geo.Mean)	(90%)	(Max.)				
Total Residual Chlorine (For Disinfection)				2.1				Ø		
PARM Code 50060 A	Sample Measurement			0.5			MGL		5 Days/Week	Grab
Mon.Site No. EPA-1	Permit Requirement			(Min.)						
Nitrogen, Nitrate, Total (as N)				0.48				Ø		
PARM Code 00620 A	Sample Measurement			12.0			MGL		Every Two Weeks	8-hr. FPC
Mon.Site No. EPA-1	Permit Requirement			(Max.)						
BOD, Carbonaceous 5 day, 20C				181				Ø		
PARM Code 80082 G	Sample Measurement			Report			MGL		Every Two Weeks	8-hr. FPC
Mon.Site No. INF-1	Permit Requirement			(Mo.Avg.)						
Solids, Total Suspended				153				Ø		
PARM Code 00530 G	Sample Measurement			Report			MGL		Every Two Weeks	8-hr. FPC
Mon.Site No. INF-1	Permit Requirement			(Mo.Avg.)						
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2549, Ft. Myers, FL 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
MAILING ADDRESS: 200 Weathersfield Avenue
Allamonte Springs, FL 32714

FACILITY: Sandalhaven WWTP
LOCATION: 6811 Placida Road
Englewood, FL 34224

PERMIT NUMBER: FLA014053

LIMIT: Final
CLASS SIZE: N/A

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC:

REPORT: Monthly
GROUP: Domestic

COUNTY: Charlotte

NO DISCHARGE FROM SITE: ☒
MONITORING PERIOD From: 2-01-06 To 2-28-06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.096				Ø		
PARM Code 50050 Y Mon. Site No. OTH-1A	Permit Requirement	0.10 (An. Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0.123				Ø		
PARM Code 50050 P Mon. Site No. OTH-1A	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement			< 2		Ø		
PARM Code 80082 Y Mon. Site No. BFA-1	Permit Requirement			20.0 (An. Avg.)	MGL		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			< 2	< 2	Ø		
PARM Code 80082 A Mon. Site No. EPA-1	Permit Requirement			30.0 (Mo. Avg.)	45.0 (Weekly Avg.)	60 (Max.)	Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			2.7		Ø		
PARM Code 00530 B Mon. Site No. EPB-1	Permit Requirement			5.0 (Max.)		MGL	4 Days/Week	Grab
pH	Sample Measurement			6.6	7.0	Ø		
PARM Code 00400 A Mon. Site No. EPA-1	Permit Requirement			6.0 (Min.)	8.5 (Max.)	SU	5 Days/Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	697-4797	06-03-15

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

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA014053

From: 2-01-06 To: 2-28-06

Facility: Sandalhaven WWTP

	Flow (MGD)	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	pH (SU)	TRC (For Disinfect.) (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	CBOD5 (MG/L)	TSS (MG/L)	
Code	50050	50050	80082	00530	00400	50060	74055	00620	80082	00530	
Mon. Site	OTH-1A	OTH-1B	INF-1	INF-1	EPA-1	EPA-1	EPA-1	EPA-1	EPA-1	EPA-1	
1	0.102	0			6.9	4.0	<1				
2	0.095	0			6.9	3.4	<1				
3	0.091	0			6.9	2.6					
4	0.117	0			6.9	2.2					
5	0.173	0			6.9	2.5					
6	0.116	0			6.9	3.3	<1				
7	0.145	0			6.9	3.4	<1				
8	0.117	0			6.8	3.9	<1				
9	0.126	0			6.6	4.8	<1				
10	0.134	0			6.7	4.7					
11	0.124	0			6.9	4.2					
12	0.139	0			6.7	4.5					
13	0.128	0			6.8	4.3	<1				
14	0.124	0	202	144	6.8	5.0	<1	0.14	<2	<0.6	
15	0.128	0			6.9	5.0	<1				
16	0.143	0			6.9	5.0	<1				
17	0.121	0			6.9	5.0					
18	0.114	0			6.9	5.0					
19	0.124	0			6.8	5.0					
20	0.123	0			6.8	4.1	<1				
21	0.118	0			6.9	3.8	<1				
22	0.127	0			7.0	4.2	<1				
23	0.125	0			7.0	3.1	<1				
24	0.144	0			6.8	4.3					
25	0.138	0			6.7	4.6					
26	0.102	0			6.6	2.1					
27	0.100	0			6.8	3.6	<1				
28	0.112	0	159	192	6.8	4.1	<1	0.48	<2	1.1	
29											
30											
31											
Total	3450	0									
Mo. Avg.	0.123	0	181	153	6.8	4.0	<1	0.31	<2	0.85	

PLANT STAFFING:

Day Shift Operator

Class: CCertificate No: 0013850Name: Michael Monat

Evening Shift Operator

Class: CCertificate No: 0013794Name: Ted Burleson

Night Shift Operator

Class: Certificate No: Name:

Lead Operator

Class: BCertificate No: 0007518Name: Patrick Godwin

DAILY SAMPLE RESULTS - PART BPermit Number:
Monitoring Period:

FLA014053

FLA014053
From: 2-01-06 To: 2-28-06

Facility: Sandalhaven WWTP

[illegible]

PLANT STAFFING:

Day Shift Operator

Class:

Certificate No:

Name: _____

Evening Shift Operator

Class:

Certificate No:

Name: _____

Night Shift Operator

Class:

Certificate No:

Name: _____

Lead Operator

Class:

Certificate No:

Name: _____

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FILE COPY

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P O Box 2549, Ft. Myers, FL, 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014053

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Sandalhaven WWTP
LOCATION: 6811 Placida Road
Englewood, FL 34224

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

COUNTY: Charlotte

NO DISCHARGE FROM SITE: ☒

MONITORING PERIOD From: 1-01-06 To: 1-31-06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	ϕ				ϕ		
PARM Code 50050 Y Mon. Site No. OTH-1B	Permit Requirement	0.15 (An. Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow	Sample Measurement	ϕ				ϕ		
PARM Code 50050 P Mon. Site No. OTH-1B	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<2		ϕ		
PARM Code 80082 Y Mon. Site No. EPA-1	Permit Requirement			20.0 (An. Avg.)	MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<2	<2	ϕ		
PARM Code 80082 A Mon. Site No. EPA-1	Permit Requirement			30.0 (Mo. Avg.)	45.0 (Weekly Avg.)	60 (Max)	MG/L	Every Two Weeks
Solids, Total Suspended	Sample Measurement			<0.7		ϕ		
PARM Code 00530 Y Mon. Site No. EPA-1	Permit Requirement			20.0 (An. Avg.)			MG/L	Every Two Weeks
Solids, Total Suspended	Sample Measurement			0.6	0.6	0.7	ϕ	
PARM Code 00530 A Mon. Site No. EPA-1	Permit Requirement			30.0 (Mo. Avg.)	45.0 (Weekly Avg.)	60 (Max)	MG/L	Every Two Weeks

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	697-4797	06-01-15

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Sandalhaven WWTP

 MONITORING GROUP NUMBER: R-001
 MONITORING PERIOD From: 1-01-06 To: 1-31-06
 PERMIT NUMBER: FLA014053

Parameter	Sample	Quantity or Loading	Units	Quality or Concentration	Units	Frequency of Analysis	No. Ex.	Sample Type
pH	Sample Measurement							
PARM Code 00400 A Mon. Site No. EPA-1 Coliform, Fecal	Permit Requirement			6.5		7.0		
	Sample Measurement			6.0 (Min.)		8.5 (Max.)		Grab
PARM Code 74055 Y Mon. Site No. EPA-1 Coliform, Fecal	Permit Requirement			<1				
	Sample Measurement			200 (Ar. Avg.)				Grab
PARM Code 74055 A Mon. Site No. EPA-1 Total Residual Chlorine (For Disinfection)	Permit Requirement			<1		<1		
	Sample Measurement			Report (Mo. Gen. Mean)		400 (90%)		Grab
PARM Code 50060 A Mon. Site No. EPA-1 Nitrogen, Nitrate, Total (as N)	Permit Requirement			1.1				
	Sample Measurement			0.5 (Min.)				Grab
PARM Code 00620 A Mon. Site No. EPA-1 BOD, Carbonaceous 5 day, 20C	Permit Requirement			0.30				
	Sample Measurement			12.0 (Max.)				8-hr. FPC
PARM Code 00052 G Mon. Site No. INF-1 Solids, Total Suspended	Permit Requirement			2.04				
	Sample Measurement			Report (Mo. Avg.)				8-hr. FPC
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement			2.41				
	Sample Measurement			Report (Mo. Avg.)				8-hr. FPC
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2549, Ft. Myers, FL, 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014053

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Sandalhaven WWTP
LOCATION: 6811 Placida Road
Englewood, FL 34224

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC:

COUNTY: Charlotte

NO DISCHARGE FROM SITE: ☒

MONITORING PERIOD From: 1-01-06 To 1-31-06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.096				Ø		
PARM Code 50050 Y Mon. Site No. OTH-1A	Permit Requirement	0.10 (An. Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0.090				Ø		
PARM Code 50050 P Mon. Site No. OTH-1A	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement			< 2		Ø		
PARM Code 80082 Y Mon. Site No. EPA-1	Permit Requirement			20.0 (An. Avg.)			Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			< 2	< 2	Ø		
PARM Code 80082 A Mon. Site No. EPA-1	Permit Requirement			30.0 (Mo. Avg.)	45.0 (Weekly Avg.)	60 (Max)	Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			1.8		Ø		
PARM Code 00530 B Mon. Site No. EFB-1	Permit Requirement			5.0 (Max.)			4 Days/Week	Grab
pH	Sample Measurement			6.5	7.0	Ø		
PARM Code 00400 A Mon. Site No. EPA-1	Permit Requirement			6.0 (Min.)	8.5 (Max.)		5 Days/Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	697-4797	06-01-15

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Sandalhaven WWTP

MONITORING GROUP NUMBER: R-002

PERMIT NUMBER: FLA014053

MONITORING PERIOD From: 1-01-06 To: 1-31-06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement			<1		0		
PARM Code 74055 A	Permit Requirement			25 (Max.)	#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.1		0		
PARM Code 50060 A	Permit Requirement			1.0 (Min.)	MGL		Continuous	Grab
Turbidity	Sample Measurement			1.55		0		
PARM Code 00070 B	Permit Requirement			(Max)	NTU		Continuous	Meter
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
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	Sample Measurement							
	Permit Requirement							

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PAGE 05

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA014053

From: 1-01-06

To: 1-31-06

Facility: Sandalhaven WWTP

	Flow (MGD)	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	pH (SU)	TRC (For Disinfect.) (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	CBOD5 (MG/L)	TSS (MG/L)	
Code	50050	50050	80082	00530	00400	50060	74055	00620	80082	00530	
Mon. Site	OTH-1A	OTH-1B	INF-1	INF-1	EPA-1	BFA-1	EPA-1	EFA-1	EFA-1	EFA-1	
1	0.100	Ø			6.5	4.7					
2	0.092	Ø			6.8	4.8					
3	0.091	Ø	170	356	6.8	4.2	<1	0.12	<2	<0.6	
4	0.091	Ø			6.9	4.4	<1				
5	0.090	Ø			6.9	4.3	<1				
6	0.082	Ø			7.0	3.9	<1				
7	0.081	Ø			6.7	4.6					
8	0.085	Ø			6.6	4.7					
9	0.089	Ø			6.6	4.7	<1				
10	0.085	Ø			6.7	3.8	<1				
11	0.096	Ø			6.6	3.7	<1				
12	0.090	Ø			6.6	3.3	<1				
13	0.097	Ø			6.7	3.7					
14	0.090	Ø			6.7	3.7					
15	0.084	Ø			6.6	4.3					
16	0.093	Ø			6.6	3.3	<1				
17	0.096	Ø	251	136	6.8	3.8	<1	0.14	<2	0.7	
18	0.100	Ø			6.8	4.0	<1				
19	0.095	Ø			6.7	4.7	<1				
20	0.093	Ø			6.8	4.1					
21	0.103	Ø			6.8	4.0					
22	0.095	Ø			6.6	4.1					
23	0.100	Ø			6.6	2.0	<1				
24	0.095	Ø			6.9	2.0	<1				
25	0.097	Ø			6.6	1.7	<1				
26	0.098	Ø			6.7	2.0	<1				
27	0.083	Ø			6.8	2.1					
28	0.064	Ø			6.8	1.3					
29	0.084	Ø			6.8	1.1					
30	0.092	Ø			6.7	2.3	<1				
31	0.073	Ø	190	232	6.8	5.0	<1	0.30	<2	<0.6	
Total	2.804	Ø									
Mo. Avg.	0.090	Ø	204	241	6.7	3.6	<1	0.19	<2	0.6	

PLANT STAFFING:

Day Shift Operator

Class: C

Certificate No:

0013850

Name:

Michael Monat

Evening Shift Operator

Class: C

Certificate No:

0013794

Name:

Ted Burleson

Night Shift Operator

Class:

Certificate No:

Name:

Lead Operator

Class: B

Certificate No:

0007518

Name:

Patrick Godwin

DAILY SAMPLE RESULTS - PART BPermit Number:
Monitoring Period:

FLA014053

From: 1-01-06

To: 1-31-06

Facility: Sandelhaven WWTP

	TSS (MG/L)	Turbidity (NTU)
Code	00530	00070
Mon. Site	EPB-1	EPB-1
1		1.36
2		1.55
3	<0.6	.59
4	<0.6	.61
5	1.1	.53
6	0.7	.55
7		.51
8		1.09
9	<0.6	1.28
10	<0.6	.45
11	0.7	.49
12	<0.6	.51
13		.50
14		.19
15		.50
16	<0.6	.62
17	<0.6	.49
18	<0.6	.43
19	<0.6	.52
20		.60
21		.71
22		.84
23	<0.6	.66
24	0.8	.86
25	1.8	.96
26	<0.6	.89
27		.75
28		.81
29		.85
30	<0.6	.66
31	<0.6	.78
Total		
Mo. Avg.	<0.7	.71

LANT STAFFING:

LAND STAFFING:

ay Shift Operator

Class:

C

Certificate No:

0013850

Name:

Michael Monat

Evening Shift Operator

Class:

C

Certificate No:

0013794

Name:

Ted Burleson

ght Shift Operator

Class:

Certificate No:

Name:

21-22

ad Operator

Class:

8

Certificate No:

0007518

Name:

Patrick Godwin

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FILE COPY

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2549, Ft. Myers, FL 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014053

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Sandalhaven WWTP
LOCATION: 6811 Placida Road
Englewood, FL 34224

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

COUNTY: Charlotte

NO DISCHARGE FROM SITE: ☒

MONITORING PERIOD From: 10-01-06 To: 10-31-06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.006				0		
PARM Code 50050 Y Mon. Site No. OTH-1B	Permit Requirement	0.15 (An. Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0				0		
PARM Code 50050 P Mon. Site No. OTH-1B	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.1		0		
PARM Code 80082 Y Mon. Site No. EPA-1	Permit Requirement			20.0 (An. Avg.)	MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<2	<2	<2		
PARM Code 80082 A Mon. Site No. EPA-1	Permit Requirement			30.0 (Mo. Avg.)	45.0 (Weekly Avg.)	60 (Max)	Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			0.69		0		
PARM Code 00530 Y Mon. Site No. EPA-1	Permit Requirement			20.0 (An. Avg.)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			0.85	0.85	1.1		
PARM Code 00530 A Mon. Site No. EPA-1	Permit Requirement			30.0 (Mo. Avg.)	45.0 (Weekly Avg.)	60 (Max)	Every Two Weeks	8-hr. FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	697-4797	06-11-25

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

DISCHARGE MONITORING REPORT - PART A (Continued)

MONITORING GROUP NUMBER: R 001

PERMIT NUMBER: FLA914053

MONITORING PERIOD From: 10-01-06 To: 10-31-06

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	Frequency of Analysis	Sample Type
pH	Sample Measurement					
PARM Code 00400 A	Permit Requirement		6.4	6.8		
Mon. Site No. EPA-1	Sample		6.0 (Min.)	8.5 (Max.)	5 Days/Week	Grab
Cofirm, Fecal	Measurement		1.6			
PARM Code 74055 Y	Permit Requirement		200 (An. Avg.)			
Mon. Site No. EPA-1	Sample		<1	<1	Every Two Weeks	Grab
Cofirm, Fecal	Measurement					
PARM Code 74055 A	Permit Requirement		Report (Mo. Geo. Mean)	400 (90%)		
Mon. Site No. EPA-1	Sample		0.9		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Measurement		0.5 (Min.)			
PARM Code 50060 A	Permit Requirement		0.61			
Mon. Site No. EPA-1	Sample		12.0 (Max.)		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Measurement					
PARM Code 00620 A	Permit Requirement		117		Every Two Weeks	8-hr. FPC
Mon. Site No. EPA-1	Sample		Report (Mo. Avg.)			
BOD, Carbonaceous 5 day, 20C	Measurement		178		Every Two Weeks	8-hr. FPC
PARM Code 80082 G	Permit Requirement		Report (Mo. Avg.)			
Mon. Site No. EPA-1	Sample				Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Measurement					
PARM Code 00530 G	Permit Requirement					
Mon. Site No. EPA-1	Sample				Every Two Weeks	8-hr. FPC
	Measurement					
	Permit Requirement					
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PERMITTEE NAME: Utilities Incorporated of Sunlandhaven
MAILING ADDRESS: 200 Weatherfield Avenue
Altamonte Springs, FL 32714FACILITY LOCATION: Sunlandhaven WWTP
6811 Placida Road
Englewood, FL 34224

COUNTY: Charlotte

PERMIT NUMBER: FA004053

LIMIT CLASS SIZE: Rural
RMAMONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC.REPORT GROUP: Monthly
DomesticNO DISCHARGE FROM SITE: ☒ From: 10-01-06 To: 10-31-06

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow								
PARM Code 50050 Y	0.088							
Mon. Site No. OTH-1A	0.10 (An.Avg.)		MGD				5 Days/Week	Flow Totalizer
Flow								
PARM Code 50050 P	0.071							
Mon. Site No. OTH-1A	Report (Mo.Avg.)		MGD				5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C								
PARM Code 80082 Y				2.1				
Mon. Site No. EFA-1				20.0 (An.Avg.)	MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C								
PARM Code 80082 A				<2				
Mon. Site No. EFA-1				30.0 (Mo.Avg.)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended				0.9				
PARM Code 00530 B				5.0 (Max.)	MG/L		4 Days/Week	Grab
Mon. Site No. EFB-1				6.4				
pH				6.8				
PARM Code 00400 A				6.0 (Min.)	SU		5 Days/Week	Grab
Mon. Site No. EFA-1				8.5 (Max.)				

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	697-4797	06-11-25

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

[illegible]

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period:

FLA014053

From: 10-01-06 To: 10-31-06

Facility: Sandelhaven WWTP

	Flow (MGD)	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	pH (SU)	TRC (For Disinfect.) (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	CBOD5 (MG/L)	TSS (MG/L)	
Code	50050	50050	80082	00530	00480	50060	74055	00620	B0082	00530	
Mon. Site	OTH-1A	OTH-1B	INF-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	
1	0.074	0			6.7	1.2					
2	0.073	0			6.6	5.0	<1				
3	0.070	0			6.7	5.0	<1				
4	0.082	0			6.8	4.7	<1				
5	0.069	0			6.7	5.0	<1				
6	0.070	0			6.7	5.0					
7	0.067	0			6.5	2.5					
8	0.063	0			6.5	4.0					
9	0.075	0			6.6	1.7	<1				
10	0.068	0	96	170	6.6	0.9	<1	0.61	<2	<0.6	
11	0.063	0			6.6	2.8	<1				
12	0.065	0			6.6	4.2	<1				
13	0.064	0			6.6	1.9					
14	0.061	0			6.5	3.0					
15	0.066	0			6.5	2.7					
16	0.070	0			6.6	2.0	<1				
17	0.069	0			6.6	2.5	<1				
18	0.050	0			6.7	1.8	<1				
19	0.069	0			6.7	1.1	<1				
20	0.076	0			6.7	1.0					
21	0.072	0			6.7	3.1					
22	0.061	0			6.7	1.3					
23	0.062	0			6.6	2.8					
24	0.067	0	138	186	6.8	2.5		0.23	<2	1.1	
25	0.062	0			6.8	1.6	2				
26	0.067	0			6.7	5.0	<1				
27	0.076	0			6.8	1.2	<1				
28	0.100	0			6.7	1.1	<1				
29	0.086	0			6.7	1.3					
30	0.085	0			6.4	1.3	<1				
31	0.087	0			6.7	1.5	<1				
Total	2.186	0						.84			
Mo. Avg.	0.071	0	117	178	6.6	2.6	<1	.42	<2	.85	

PLANT STAFFING:

Day Shift Operator

Class:

C

Certificate No:

0013850

Name:

Michael Monat

Evening Shift Operator

Class:

C

Certificate No:

0013794

Name:

Ted Burleson

Night Shift Operator

Class:

B

Certificate No:

0007518

Name:

Patrick Godwin

Lead Operator

Class:

B

Certificate No:

0007518

Name:

Patrick Godwin

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2549, Ft. Myers, FL, 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER

FLA014053

LIMIT:
CLASS SIZE

Final
N/A

REPORT
GROUP

Monthly
Domestic

FACILITY: Sandalhaven WWTP
LOCATION: 6811 Placida Road
Englewood, FL 34224

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: including Influent

COUNTY: Charlotte

NO DISCHARGE FROM SITE: ☒

MONITORING PERIOD From: 09-01-06 To: 09-30-06

FILE COPY

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SANDALHAVEN UTL

PAGE 02

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.006				0		
PARM Code 50050 Y	Permit Requirement	0.15 (An. Avg.)	MGD				5 Days/Week	Flow Totalizer
Mon. Site No. OTH-1B								
Flow	Sample Measurement	0				0		
PARM Code 50050 P	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Flow Totalizer
Mon. Site No. OTH-1B								
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.1		0		
PARM Code 80082 Y	Permit Requirement			20.0 (An. Avg.)	MG/L		Every Two Weeks	8-hr. FPC
Mon. Site No. EPA-1								
BOD, Carbonaceous 5 day, 20C	Sample Measurement			< 2	< 2	< 2		
PARM Code 80082 A	Permit Requirement			30.0 (Mo. Avg.)	45.0 (Weekly Avg.)	60 (Max)	MG/L	Every Two Weeks
Mon. Site No. EPA-1								
Solids, Total Suspended	Sample Measurement			.68				
PARM Code 00530 Y	Permit Requirement			20.0 (An. Avg.)			MG/L	Every Two Weeks
Mon. Site No. EPA-1								
Solids, Total Suspended	Sample Measurement			< 0.6	< 0.6	< 0.6		
PARM Code 00530 A	Permit Requirement			30.0 (Mo. Avg.)	45.0 (Weekly Avg.)	60 (Max)	MG/L	Every Two Weeks
Mon. Site No. EPA-1								

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Patrick Godwin Lead Operator	Patrick Godwin	697-4797	06-10-20

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Sandalhaven WWTP

MONITORING GROUP NUMBER R-001
MONITORING PERIOD From 09-01-06 To 09-30-06

PERMIT NUMBER FLA01063

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	Frequency of Analysis	No. Ex.	Sample Type
pH	Sample Measurement						
PARM Code 00400 A Mon. Site No. EPA-1 Coliform, Fecal	Permit Requirement		6.4 6.8 6.0 (Min.) 8.5 (Max.)				
PARM Code 74055 Y Mon. Site No. EPA-1 Coliform, Fecal	Sample Measurement		<1				Grab
	Permit Requirement		200 (Ar. Avg.)				
PARM Code 74055 A Mon. Site No. EPA-1 Total Residual Chlorine (For Disinfection)	Sample Measurement		<1				Grab
	Permit Requirement		Report (Mo. Geo. Mean)				
PARM Code 50060 A Mon. Site No. EPA-1 Nitrogen, Nitrate, Total (as N)	Sample Measurement	*	0.8				Grab
	Permit Requirement		0.5 (Min.)				
PARM Code 00620 A Mon. Site No. EPA-1 BOD, Carbonaceous 5 day, 20C	Sample Measurement		6.18				
	Permit Requirement		12.0 (Max.)				
PARM Code 80082 G Mon. Site No. INF-1 Solids, Total Suspended	Sample Measurement		51				8-hr. FPC
	Permit Requirement		Report (Mo. Avg.)				
PARM Code 00630 G Mon. Site No. INF-1	Sample Measurement		69.5				8-hr. FPC
	Permit Requirement		Report (Mo. Avg.)				
	Sample Measurement						
	Permit Requirement						
	Sample Measurement						
	Permit Requirement						
	Sample Measurement						
	Permit Requirement						

* 09-19-06 Cl₂ Dropped to 0.8 for about mins } Because of

DEP Form 6-220 (1994) Effective November 29, 1994

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA014053

From:

09-01-06

To:

09-30-06

Facility:

Sandalhaven WWTP

	Flow (MGD)	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	pH (SU)	TRC (For Disinfect.) (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	CBOD5 (MG/L)	TSS (MG/L)	
Code	50050	50050	80082	00530	00400	50060	74055	00620	80082	00530	
Mon. Site	OTH-1A	OTH-1B	INF-1	INF-1	BFA-1	BFA-1	BFA-1	BFA-1	BFA-1	BFA-1	
1	0.127	0			6.7	1.4					
2	0.130	0			6.7	1.6					
3	0.143	0			6.7	1.4					
4	0.119	0			6.7	2.1					
5	0.097	0			6.7	1.8	<1				
6	0.105	0			6.7	1.5	<1				
7	0.085	0			6.7	3.5	<1				
8	0.093	0			6.7	3.5	<1				
9	0.080	0			6.4	3.5					
10	0.080	0			6.5	5.0					
11	0.072	0			6.6	5.0	<1				
12	0.085	0	68	85	6.7	4.5	<1	6.18	<2	<0.6	
13	0.098	0			6.7	4.5	<1				
14	0.109	0			6.7	5.0	<1				
15	0.094	0			6.6	5.0					
16	0.089	0			6.5	4.8					
17	0.082	0			6.6	5.0					
18	0.089	0			6.7	2.6	<1				
19	0.111	0			6.7	0.8	<1				
20	0.152	0			6.8	1.0	<1				
21	0.110	0			6.7	4.1	<1				
22	0.113	0			6.7	2.8					
23	0.111	0			6.5	2.8					
24	0.094	0			6.5	1.5					
25	0.084	0			6.6	2.2	<1				
26	0.102	0	34	54.0	6.7	5.0	<1	4.83	<2	<0.6	
27	0.103	0			6.7	5.0	<1				
28	0.085	0			6.7	3.8	<1				
29	0.086	0			6.7	5.0					
30	0.067	0			6.7	5.0					
31											
Total	2.995	0									
Mo. Avg.	0.100	0	51	69.5	6.7	3.4	<1	5.51	<2	<0.6	

PLANT STAFFING:

Day Shift Operator

Class:

C

Certificate No:

0013850

Name:

Michael Monat

Evening Shift Operator

Class:

C

Certificate No:

0013794

Name:

Ted Burleson

Night Shift Operator

Class:

Certificate No:

Name:

Lead Operator

Class:

B

Certificate No:

0007518

Name:

Patrick Godwin

08/24/2006 09:41 407869-8951

UTILITIES INC OF FL

UTILITIES, INC. OF FLORIDA
AN AFFILIATE OF UTILITIES, INC.
100 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714**CORPORATE OFFICES:**
2335 Sanders Road
Northbrook, Illinois 60062
Telephone: 847-493-4440Telephone: 407-869-1919
Florida: 800-272-1919
Fax: 407-869-8961
Sanders@utilfla-inc-usa.com**Fax Transmittal**

Attn: Wanda **Date:** _____

Company: SANDALHAVEN **Fax to:** 941-697-8959

From: Lennie Godwin **Pages:** 1 including this cover page.

Subject: DMR for the Month

☒ **URGENT** ☐ **For Your Review** ☐ **For your information** ☐ **Please** **Original:** ☐ **will not be sent**
☐ **As Requested** ☐ **Please Comment** ☐ **Reply** ☐ **via U.S. Mail**

**Utilities, Inc.****Message:**

This message is for the named person's use only. It may contain sensitive, private or protected information. No confidentiality or privilege is waived or lost by any non-communication. If you are not the intended recipient, please notify the sender immediately at the telephone number listed above. It is also requested that you immediately delete this message from the system above. You must not, directly or indirectly, use, disclose, distribute, print or copy any part of this message if you are not the intended recipient. Thank you.

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2549, Ft. Myers, FL 33902-2549

FILE COPY

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014053

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Sandalhaven WWTP
LOCATION: 6811 Placida Road
Englewood, FL 34224

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: including Influent

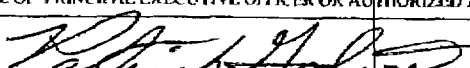
COUNTY: Charlotte

NO DISCHARGE FROM SITE: ☒

MONITORING PERIOD From: 08-01-06 To: 08-31-06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.006				0		
PARM Code 50050 Y Mon. Site No. OTH-1B	Permit Requirement	0.15 (An. Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0				0		
PARM Code 50050 P Mon. Site No. OTH-1B	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.1		0		
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)	MGL		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			< 2		0		
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement			30.0 (Mo. Avg.)	45.0 (Weekly Avg.)	60 (Max)	Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			0.7		0		
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)	MGL		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			< 2		0		
PARM Code 00530 A Mon. Site No. EFA-1	Permit Requirement			30.0 (Mo. Avg.)	45.0 (Weekly Avg.)	60 (Max)	Every Two Weeks	8-hr. FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Patrick Godwin Lead Operator		697-4797	06-09-22

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Sandalhaven WWTP

MONITORING GROUP NUMBER: R 001

MONITORING PERIOD From: 08-01-06 To: 08-31-06

PERMIT NUMBER: FLA014053

08-31-06

Parameter	Sample	Quantity or Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			6.3	7.0		0		
PARM Code 00400 A	Permit Requirement			6.0 (Min.)	8.5 (Max.)			5 Days/Week	Grab
Mon. Site No. EFA-1	Sample Measurement			<1			0		
Coliform, Fecal	Permit Requirement			200 (Ar. Avg.)				Every Two Weeks	Grab
PARM Code 74055 Y	Sample Measurement			<1			0		
Mon. Site No. EFA-1	Permit Requirement			400 (90%)			0		
Coliform, Fecal	Sample Measurement			0.7			0	5 Days/Week	Grab
PARM Code 74055 A	Permit Requirement			6.56			0		
Mon. Site No. EFA-1	Sample Measurement			12.0 (Max.)			0	Every Two Weeks	8-hr. FFC
Total Residual Chlorine (For Disinfection)	Permit Requirement			112			0		
PARM Code 50060 A	Sample Measurement			Report (Mo. Avg.)			0	Every Two Weeks	8-hr. FFC
Mon. Site No. EFA-1	Permit Requirement			97			0		
Nitrogen, Nitrate, Total (as N)	Sample Measurement			Report (Mo. Avg.)			0	Every Two Weeks	8-hr. FFC
PARM Code 00620 A	Sample Measurement								
Mon. Site No. EFA-1	Permit Requirement								
BOD, Carbonaceous 5 day, 20C	Sample Measurement								
PARM Code 88082 G	Permit Requirement								
Mon. Site No. INF-1	Sample Measurement								
Solids, Total Suspended	Permit Requirement								
PARM Code 00530 G	Sample Measurement								
Mon. Site No. INF-1	Permit Requirement								
	Sample Measurement								
	Permit Requirement								
	Sample Measurement								
	Permit Requirement								
	Sample Measurement								
	Permit Requirement								

* 08-15-06 Cl₂ Dropped to 0.7 for about 5 mins.
 * 08-17-06 Cl₂ Dropped to 0.8 for about 5 mins. (Rain)
 } Because of high flow

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report for Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2519, Ft. Myers, FL 33902-2519

PERMITTEE NAME: Urbites Incorporated of Sandalhaven
MAILING ADDRESS: 200 Weatherfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA01405

LIMIT: Final
CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

FACILITY: Sandalhaven WWTP
LOCATION: 6811 Parula Road
Englewood, FL 34224

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC:

COUNTY: Charlotte

NO DISCHARGE FROM SITE: ☒

MONITORING PERIOD From: 08-01-06 To 08-31-06

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No.	Frequency of	Sample Type
									Ex.	Analysis	
Flow	Sample Measurement	0.087							Ø		
PARM Code 50050 Y Mon.Site No. OTH-1A	Permit Requirement	0.10 (An.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0.102							Ø		
PARM Code 50050 P Mon.Site No. OTH-1A	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.1				Ø		
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MGL		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2	<2	<2		Ø		
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	45.0 (Weekly Avg.)	60 (Max)	MGL		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				<0.6				Ø		
PARM Code 00530 B Mon.Site No. BFB-1	Permit Requirement				5.0 (Max)			MGL		4 Days/Week	Grab
pH	Sample Measurement				6.3	7.0			Ø		
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min)	8.5 (Max)		SU		5 Days/Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	697-4797	06-09-22

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

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period:

PLA014053
From:

8-01-06

To: 8-31-06

Facility: Sandalhaven WWTP

	Flow (MGD)	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	pH (SU)	TRC (For Disinfect.) (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	CBOD5 (MG/L)	TSS (MG/L)	
Code	50030	50030	80082	00530	00400	50060	74055	00620	80082	00530	
Mon. Site	OTH-1A	OTH-1B	INF-1	INF-1	EPA-1	EPA-1	EPA-1	EPA-1	EPA-1	EPA-1	
1	0.072	0	42	54.0	7.0	5.0	<1	0.61	<2	<0.6	
2	0.081	0			6.8	3.4	<1				
3	0.080	0			6.8	1.3	<1				
4	0.101	0			6.7	1.8					
5	0.088	0			6.5	2.5					
6	0.091	0			6.5	2.9					
7	0.101	0			6.6	5.0	<1				
8	0.095	0			6.6	5.0	<1				
9	0.098	0			6.6	1.0	<1				
10	0.089	0			6.6	5.0	<1				
11	0.078	0			6.6	1.0					
12	0.071	0			6.5	2.6					
13	0.078	0			6.5	5.0					
14	0.153	0			6.6	5.0	<1				
15	0.111	0	229	82	6.7	0.7	<1	1.39	<2	<0.6	
16	0.108	0			6.8	1.0	<1				
17	0.103	0			6.8	0.8	<1				
18	0.103	0			6.7	4.2					
19	0.098	0			6.6	4.3					
20	0.087	0			6.5	4.6					
21	0.087	0			6.6	1.0	<1				
22	0.086	0			6.6	1.2	<1				
23	0.079	0			6.7	5.0	<1				
24	0.104	0			6.7	5.0	<1				
25	0.242	0			6.7	1.3					
26	0.138	0			6.3	5.0					
27	0.121	0			6.6	2.5					
28	0.100	0			6.8	2.3	<1				
29	0.097	0	64	155	6.6	4.0	<1	6.56	<2	<0.6	
30	0.095	0			6.6	5.0	<1				
31	0.126	0			6.7	1.7	<1				
Total	3.161	0									
Mo. Avg.	0.102	0	112	97	6.6	3.1	<1	2.85	<2	<0.6	

PLANT STAFFING:

Day Shift Operator

Class:

C

Certificate No:

0013850

Name:

Michael Monat

Evening Shift Operator

Class:

C

Certificate No:

0013794

Name:

Ted Burleson

Night Shift Operator

Class:

B

Certificate No:

0007518

Name:

Patrick Godwin

Lead Operator

Class:

B

Certificate No:

0007518

Name:

Patrick Godwin

Facility: Sandelhaven WWTP

[illegible]

PLANT STAFFING:

Day Shift Operator

Class:

٢٠

Certificate No:

0013850

Name: _____

Michael Monat

Evening Shift Operator

Class:

C

Certificate No:

0013394

Name: _____

Ted Burleson

Night Shift Operator

Class:

Certificate No:

Name: _____

Patrick Godwin

Lead Operator

Class:

B

Certificate No:

0007518

Name: _____

Patrick Godwin.

UTILITIES INC OF FL

SANDLHAVEN UTL

4878698981

08/24/2006 08:41

09/25/2006 14:18 9416978959

UTILITIES, INC. OF FLORIDA
AN AFFILIATE OF UTILITIES, INC.
300 WEAVERFIELD AVENUE
ALFAMONTA STATION, FLORIDA 32114

Telephone: 407-659-1919
Florida: 808-272-1919
Fax: 407-659-6861
Sandlha@utilitiesinc.com

CORPORATE OFFICES:
2332 Sandlha Road
Northbrook, Illinois 60062
Telephone: 847-498-6440

Fax Transmittal

Date:

Company: SANDLHAVEN

Fax: 941-697-8959

From: Lennie Godwin
Pages: 1 (including this cover page)

Subject: BMR for the Month

☒ URGENT ☐ As Requested ☐ For Your Review ☐ Please Comment ☐ For your information ☐ Please Reply ☐ Original ☐ Will not be sent via U.S. Mail

UTILITIES, INC.

This message is for the named person's use only. It may contain sensitive, private or protected information. No confidentiality or privilege is waived or lost by any e-mail transmission. If you are not the named person, please notify the sender immediately at the telephone number listed above. It is also requested that you immediately delete this message from your system and not be included in any response. Thank you.

Confidentiality and Integrity of Communications are the primary concerns of the company. This message and its contents are confidential. If you are not the named person, please notify the sender immediately at the telephone number listed above. It is also requested that you immediately delete this message from your system and not be included in any response. Thank you.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2549, Ft. Myers, FL 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
MAILING ADDRESS: 360 Wendersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FL A014053

LIMIT: Final
CLASS SIZE: 20A

REPORT: Monthly
CWA: Domestic

FACILITY: Sandalhaven WWTP
LOCATION: 6811 Florida Road
Englewood, FL 34224

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: including influent

COUNTY: Charlotte

NO DISCHARGE FROM SITE: ☒
MONITORING PERIOD From: 06-01-06 To: 06-30-06

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.006						0		
Flow	Sample Measurement	0.15 (Mo. Avg.)								
Flow	Sample Measurement	0						0		
Flow	Sample Measurement	0 (Mo. Avg.)								
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.1				0		
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.5	3.5	5		0		
BOD, Carbonaceous 5 day, 20C	Sample Measurement			0.7				0		
BOD, Carbonaceous 5 day, 20C	Sample Measurement			1.1	1.1	1.5		0		
BOD, Carbonaceous 5 day, 20C	Sample Measurement			30.0 (Mo. Avg.)	45.0 (Weekly Avg.)	60 (Max)	MG/L		Every Two Weeks	2-lr. PPC
Solids, Total Suspended	Sample Measurement			0.7				0		
Solids, Total Suspended	Sample Measurement			1.1	1.1	1.5		0		
Solids, Total Suspended	Sample Measurement			30.0 (Mo. Avg.)	45.0 (Weekly Avg.)	60 (Max)	MG/L		Every Two Weeks	2-lr. PPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	6774797	06-07-20

ATTACHMENT AND ANALYSIS OF THIS VIOLATIONS (Include all attachments here)

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2549, Ft. Myers, FL 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014053

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Sandalhaven WWTP
LOCATION: 6811 Placida Road
Englewood, FL 34224

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: , including influent

COUNTY: Charlotte

NO DISCHARGE FROM SITE: ☒ 4-01-06 To 4-30-06
MONITORING PERIOD From:

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.003				Ø		
PARM Code 50050 Y Mon. Site No. OTH-1B	Permit Requirement	0.15 (An. Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0.0				Ø		
PARM Code 50050 P Mon. Site No. OTH-1B	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<2		Ø		
PARM Code 80082 Y Mon. Site No. BFA-1	Permit Requirement			20.0 (An. Avg.)	MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<2	<2	Ø		
PARM Code 80082 A Mon. Site No. BFA-1	Permit Requirement			30.0 (Mo. Avg.)	45.0 (Weekly Avg.)	60 (Max)	MG/L	Every Two Weeks
Solids, Total Suspended	Sample Measurement			<0.87		Ø		
PARM Code 00530 Y Mon. Site No. BFA-1	Permit Requirement			20.0 (An. Avg.)			MG/L	Every Two Weeks
Solids, Total Suspended	Sample Measurement			<0.6	<0.6	<0.6	Ø	
PARM Code 00530 A Mon. Site No. BFA-1	Permit Requirement			30.0 (Mo. Avg.)	45.0 (Weekly Avg.)	60 (Max)	MG/L	Every Two Weeks

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	697-4797	06-05-15

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

MONITORING GROUP NUMBER: R-001
 MONITORING PERIOD: From 4-01-06 To 4-30-06
 PERMIT NUMBER: 13A01053

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement								
PARM Code 00400 Mon. Site No. EFA-1	Permit Requirement			6.7	7.0				
Coliform, Fecal	Sample Measurement			6.0 (Min.)	8.5 (Max.)	SU		5 Days/Week	Grab
PARM Code 74055 Mon. Site No. EFA-1	Permit Requirement			<1					
Coliform, Fecal	Sample Measurement			200 (Ar. Avg.)		#100ML		Every Two Weeks	Grab
PARM Code 74055 Mon. Site No. EFA-1	Permit Requirement			<1	<1				
Total Residual Chlorine (For Disinfection)	Sample Measurement			Report (Mo. Grd. Mean)	400 (90%)	#100ML		Every Two Weeks	Grab
PARM Code 50060 Mon. Site No. EFA-1	Permit Requirement			1.4					
Nitrogen, Nitrate, Total (as N)	Sample Measurement			0.5 (Min.)		MGL		5 Days/Week	Grab
PARM Code 00620 Mon. Site No. EFA-1	Permit Requirement			0.48					
BOD, Carbonaceous 5 day, 20C	Sample Measurement			12.0 (Max.)		MGL		Every Two Weeks	8-hr. FPC
PARM Code 80082 Mon. Site No. INP-1	Permit Requirement			310					
Solids, Total Suspended	Sample Measurement			Report (Mo. Avg.)		MGL		Every Two Weeks	8-hr. FPC
PARM Code 00530 Mon. Site No. INP-1	Permit Requirement			233					
	Sample Measurement			Report (Mo. Avg.)		MGL		Every Two Weeks	8-hr. FPC
	Permit Requirement								
	Sample Measurement								
	Permit Requirement								
	Sample Measurement								
	Permit Requirement								

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2549, Ft. Myers, FL 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014053
LIMIT: Final
CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

FACILITY: Sandalhaven WWTP
LOCATION: 6811 Placida Road
Englewood, FL 34224

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC:

COUNTY: Charlotte

NO DISCHARGE FROM SITE: ☒
MONITORING PERIOD From: 4-01-06 To: 4-30-06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.091				Ø		
PARM Code 50050 Y	Permit Requirement	0.10 (An. Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0.071				Ø		
PARM Code 50050 P	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<2		Ø		
PARM Code 80082 Y	Permit Requirement			20.0 (An. Avg.)	MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<2 <2 <2		Ø		
PARM Code 80082 A	Permit Requirement			30.0 (Mo. Avg.) 45.0 (Weekly Avg.) 60 (Max)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			1.8		Ø		
PARM Code 00530 B	Permit Requirement			5.0 (Max.)	MG/L		4 Days/Week	Grab
pH	Sample Measurement			6.7 7.0		Ø		
PARM Code 00400 A	Permit Requirement			6.0 (Min.) 8.5 (Max.)	SU		5 Days/Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	697-4797	06-06-15

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

[illegible]

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA014053

From:

4-01-06 To: 4-30-06

Facility:

Sandalhaven WWTP

	Flow (MGD)	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	pH (SU)	TRC (For Disinfect.) (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	CBOD5 (MG/L)	TSS (MG/L)	
Code	50050	50050	80082	00530	00400	50060	74055	00620	80082	00530	
Mon. Site	OTH-1A	OTH-1B	INF-1	INF-1	EPA-1	EPA-1	EPA-1	EPA-1	EPA-1	EPA-1	
1	0.084	0			6.9	3.9					
2	0.084	0			6.8	4.0					
3	0.082	0			6.9	4.5	<1				
4	0.087	0			6.9	3.7	<1				
5	0.062	0			6.9	5.0	<1				
6	0.080	0			6.7	5.0	<1				
7	0.072	0			6.8	5.0					
8	0.075	0			6.8	5.0					
9	0.076	0			6.8	4.6					
10	0.080	0			6.8	3.2	<1				
11	0.067	0	266	172	6.8	5.0	<1	0.26	<2	<0.6	
12	0.065	0			6.7	5.0	<1				
13	0.064	0			6.7	4.7	<1				
14	0.064	0			6.7	4.6					
15	0.074	0			6.8	4.6					
16	0.069	0			6.8	4.5					
17	0.072	0			6.8	3.5	<1				
18	0.077	0			6.8	3.7	<1				
19	0.078	0			6.8	2.5	<1				
20	0.074	0			6.8	3.0	<1				
21	0.071	0			6.9	3.9					
22	0.073	0			6.8	3.8					
23	0.068	0			6.8	4.0					
24	0.066	0			6.9	1.4	<1				
25	0.062	0	354	294	6.9	1.5	<1	0.48	<2	<0.6	
26	0.061	0			7.0	3.5	<1				
27	0.068	0			7.0	2.1	<1				
28	0.057	0			6.9	4.4					
29	0.059	0			6.8	4.7					
30	0.056	0			6.8	4.4					
31											
Total	2127	0									
Mo. Avg.	0.071	0	310	233	6.8	4.0	<1	0.37	<2	<0.6	

PLANT STAFFING:

Day Shift Operator

Class:

C

Certificate No:

0013850

Name:

Michael Monat

Evening Shift Operator

Class:

C

Certificate No:

0013794

Name:

Ted Burleson

Night Shift Operator

Class:

Certificate No:

Name:

Lead Operator

Class:

B

Certificate No:

0007518

Name:

Patrick Godwin

11-11-11 11:11:11 FAX TRANSMISSION COPY

Thanks
Lennie

DMR

MESSAGE



☐ For Your Review ☐ Please Comment ☐ For your Information ☐ Please Reply ☐ Original ☐ Will not be sent via U.S. Mail

DMR

Lennie G. / Sandalhaven Pages 7 including the cover page

Fee \$

UI

Date

Jackie T

Fax Transmittal

Telephone: 772-337-3331
Fax: 772-337-3331
Sandalhaven, FL 33448

Sandalhaven

800 N.E. OCEAN BLVD
STUART, FLORIDA 34996

AN ASSOCIATE OF UPLIFTHING, INC.

UTILITIES INC OF HURLINSON ISLAND

Telephone: 772-337-3331
Fax: 772-337-3331
Sandalhaven, FL 33448

Sandhaven WYTP
6811 Placida Road

90-1E-8

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	697-4771	06-04-18

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

FACILITY: Sandalhaven WWTP

MONITORING GROUP NUMBER: R-011
MONITORING PERIOD From: 3-01-06 To: 3-31-06

PERMIT NUMBER: 14 A01-0053

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			6.7	7.1			Ø		
PARM Code 00400 A Mon. Site No. EPA-1	Permit Requirement			6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			<1				Ø		
PARM Code 74055 Y Mon. Site No. EPA-1	Permit Requirement			200 (An. Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement			<1	<1	<1		Ø		
PARM Code 74055 A Mon. Site No. EPA-1	Permit Requirement			Report (Mo. Geo. Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.8				Ø		
PARM Code 50060 A Mon. Site No. EPA-1	Permit Requirement			0.5 (Min.)			MGL		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			0.59				Ø		
PARM Code 00620 A Mon. Site No. EPA-1	Permit Requirement			12.0 (Max.)			MGL		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			341				Ø		
PARM Code 80082 G Mon. Site No. INF-1	Permit Requirement			Report (Mo. Avg.)			MGL		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			536				Ø		
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement			Report (Mo. Avg.)			MGL		Every Two Weeks	8-hr. FPC
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

When Completed mail this report to: DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
MAILING ADDRESS: 200 Weatherfield Avenue
Altamonte Springs, FL 32714

FACILITY: Sandalhaven WWTTP
LOCATION: 6811 Placida Road
Englewood, FL 34224

COUNTY: Charlotte

PERMIT NUMBER FLADJ4053

LIMIT: Final
CLASS SIZE: N/A

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC:

REPORT GROUP: Monthly
Domestic

NO DISCHARGE FROM SITE: ☒
MONITORING PERIOD From: 3-01-06 To: 3-31-06

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	PARM Code 50050 Y Mon. Site No. OTH-1A	0.094 0.10 (An. Avg.)	MGD			0	5 Days/Week	Flow Totalizer
Flow	PARM Code 50050 P Mon. Site No. OTH-1A	0.111 Report (Mo. Avg.)	MGD			0	5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	PARM Code 80082 Y Mon. Site No. BFA-1	<2 20.0 (An. Avg.)			MOGL	0	Every Two Weeks	8-hr. FTC
BOD, Carbonaceous 5 day, 20C	PARM Code 80082 A Mon. Site No. EPA-1	<2 30.0 (Mo. Avg.)		<2 45.0 (Weekly Avg.)	60 (Max)	0	Every Two Weeks	8-hr. FTC
Solids, Total Suspended	PARM Code 00530 B Mon. Site No. BFB-1	6.7 5.0 (Max.)			MOGL	3	4 Days/Week	Grab
pH	PARM Code 00400 A Mon. Site No. EPA-1	6.7 6.0 (Min.)		7.1 8.5 (Max.)	SU	0	5 Days/Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YYMMDD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	697-4797	06-04-18

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

* Plant in reject from 3-01-06 to 3-09-06

FACILITY:

Sandalhaven WWTP

MONITORING GROUP NUMBER: R-002

MONITORING PERIOD

From:

3-01-06

To:

PERMIT NUMBER: FLA014051

3-31-06

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				<1				Ø		
PARM Code 74055 A	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.8				Ø		
PARM Code 50060 A	Permit Requirement				1.0 (Min.)			MG/L		Continuous	Grab
Turbidity	Sample Measurement				6.7				Ø		
PARM Code 00070 B	Permit Requirement				(Max)			NTU		Continuous	Meter
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA014053

From:

3-01-06 To: 3-31-06

Facility: Sandalhaven WWTP

	Flow (MGD) <i>Reuse</i>	Flow (MGD) <i>RIB</i>	CBOD5 (MG/L)	TSS (MG/L)	pH (SU)	TRC (For Disinfect.) (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	CBOD5 (MG/L)	TSS (MG/L)	
Code	50050	50050	80082	00530	00400	50050	74055	00620	80082	00530	
Mon. Site	OTH-1A	OTH-1B	INF-1	INF-1	BFA-1	BFA-1	BFA-1	BFA-1	BFA-1	BFA-1	
1	0.111	0.070			6.9	5.0	<1	0.59			
2	0.110	0.110			6.9	3.8	<1	0.01			
3	0.110	0.110			7.0	1.8					
4	0.110	0.110			6.9	1.8					
5	0.205	0.205			6.7	3.6					
6	0.199	0.199			6.8	5.0	<1	0.16			
7	0.109	0.109			6.8	5.0	<1	0.29			
8	0.122	0.122			6.8	5.0	<1	0.02			
9	0.112	0			6.9	5.0	<1	0.39			
10	0.092	0			6.9	3.3					
11	0.096	0			6.8	5.0					
12	0.104	0			6.8	5.0					
13	0.108	0			6.9	4.4	<1				
14	0.098	0	282	172	7.0	5.0	<1	0.52	<2	0.9	
15	0.103	0			7.1	4.6	<1				
16	0.111	0			7.0	3.4	<1				
17	0.113	0			7.0	4.4					
18	0.097	0			6.9	4.6					
19	0.115	0			6.9	4.2					
20	0.104	0			7.0	3.1	<1				
21	0.119	0			6.8	4.5	<1				
22	0.099	0			7.0	3.7	<1				
23	0.103	0			7.0	3.7	<1				
24	0.111	0			6.9	3.8					
25	0.095	0			6.8	4.8					
26	0.112	0			6.8	4.1					
27	0.102	0			6.9	3.9	<1				
28	0.096	0	400	900	6.9	4.8	<1	0.22	<2	<0.6	
29	0.092	0			6.9	3.9	<1				
30	0.092	0			6.9	3.8	<1				
31	0.097	0			6.8	3.6					
Total	3.447	1.035	682	1072				2.20		1.5	
Mo. Avg.	0.111	0.033	341	536	6.9	4.1	<1	0.28	<2	<0.6	

* EST.

PLANT STAFFING:

Day Shift Operator

Class:

C

Certificate No:

0013850

Name:

Michael Monat

Evening Shift Operator

Class:

C

Certificate No:

0013794

Name:

Ted Burleson

Night Shift Operator

Class:

B

Certificate No:

0007518

Name:

Patrick Godwin

Lead Operator

Class:

B

Certificate No:

0007518

Name:

Patrick Godwin

Jackie Tappan

From: Richard Retz [r.retz@utilitiesinc-usa.com]
Sent: Thursday, April 20, 2006 8:43 AM
To: 'Jackie Tappan'
Cc: 'Patrick Flynn'
Subject: March 2006 Sandalhaven DMR

Jackie,

I received the fax concerning the 6.7 TSS for Sandalhaven March 2006 DMR. The exceedance is not considered an excursion if the plant diverts to the reject pond, which it did. It is only noted as an excursion if the effluent left the plant.

Richard W. Retz
Regional Manager
Utilities, Inc. of Florida
200 Weathersfield Avenue
Altamonte Springs, Fl. 32714
407.869.8588, ext. 500
r.retz@utilitiesinc-usa.com

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FILE COPY

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2549, Ft. Myers, FL 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
 MAILING ADDRESS: 200 Weathersfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014053

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Sandalhaven WWTP
 LOCATION: 6811 Placida Road
 Englewood, FL 34224

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

COUNTY: Charlotte

NO DISCHARGE FROM SITE: ☒

MONITORING PERIOD From: 2-01-06 To 2-28-06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	Ø				Ø		
PARM Code 50050 Y Mon. Site No. OTH-1B	Permit Requirement	0.15 (An. Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow	Sample Measurement	Ø				Ø		
PARM Code 50050 P Mon. Site No. OTH-1B	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement			< 2		Ø		
PARM Code 80082 Y Mon. Site No. EPA-1	Permit Requirement			20.0 (An. Avg.)	MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			< 2	< 2	Ø		
PARM Code 80082 A Mon. Site No. EPA-1	Permit Requirement			30.0 (Mo. Avg.)	45.0 (Weekly Avg.)	60 (Max)	MG/L	Every Two Weeks
Solids, Total Suspended	Sample Measurement			0.7		Ø		
PARM Code 00530 Y Mon. Site No. EPA-1	Permit Requirement			20.0 (An. Avg.)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			0.85	0.85	1.1	Ø	
PARM Code 00530 A Mon. Site No. EPA-1	Permit Requirement			30.0 (Mo. Avg.)	45.0 (Weekly Avg.)	60 (Max)	MG/L	Every Two Weeks

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	697-4797	06-3-15

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

FACILITY: Sandalhaven WWTP

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From 2-01-06 To 2-28-06

PERMIT NUMBER: FLA014053

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			6.6	7.0			Ø		
PARM Code 00400 A	Permit Requirement			6.0 (Min.)	8.5 (Max.)		SD		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			<1				Ø		
PARM Code 74055 Y	Permit Requirement			200 (An. Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement			<1	<1	<1		Ø		
PARM Code 74055 A	Permit Requirement			Report (Mo. Geo. Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.1				Ø		
PARM Code 50060 A	Permit Requirement			0.5 (Min.)			MGL		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			0.48				Ø		
PARM Code 00620 A	Permit Requirement			12.0 (Max.)			MGL		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			181				Ø		
PARM Code 80082 G	Permit Requirement			Report (Mo. Avg.)			MGL		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			153				Ø		
PARM Code 00530 G	Permit Requirement			Report (Mo. Avg.)			MGL		Every Two Weeks	8-hr. FPC
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2549, Ft. Myers, FL 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014053

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Sandalhaven WWTP
LOCATION: 6811 Placida Road
Englewood, FL 34224

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC:

COUNTY: Charlotte

NO DISCHARGE FROM SITE ☒
MONITORING PERIOD From: 2-01-06 To 2-28-06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.096				Ø		
PARM Code 50050 Y Mon.Site No. OTH-1A	Permit Requirement	0.10 (An.Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0.123				Ø		
PARM Code 50050 P Mon.Site No. OTH-1A	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<2		Ø		
PARM Code 80082 Y Mon.Site No. EPA-1	Permit Requirement			20.0 (An.Avg.)			Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<2	<2	Ø		
PARM Code 80082 A Mon.Site No. EPA-1	Permit Requirement			30.0 (Mo.Avg.)	45.0 (Weekly Avg)		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			2.7		Ø		
PARM Code 00530 B Mon.Site No. EPB-1	Permit Requirement			5.0 (Max.)			4 Days/Week	Grab
pH	Sample Measurement			6.6	7.0	Ø		
PARM Code 00400 A Mon.Site No. EPA-1	Permit Requirement			6.0 (Min.)	8.5 (Max.)		5 Days/Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YYMMDD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	697-4797	06-03-15

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

9 9416978959 SANDALHAVEN UTL PAGE 05

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA014053

From:

2-01-06

To:

2-28-06

Facility: Sandalhaven WWTP

	Flow (MGD)	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	pH (SU)	TRC (For Disinfect.) (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	CBOD5 (MG/L)	TSS (MG/L)	
Code	50050	50050	80082	00530	00400	50060	74055	00620	80082	00530	
Mon. Site	OTH-1A	OTH-1B	INF-1	INF-1	EPA-1	EPA-1	EPA-1	EPA-1	EPA-1	EPA-1	
1	0.102	0			6.9	4.0	<1				
2	0.095	0			6.9	3.4	<1				
3	0.091	0			6.9	2.6					
4	0.117	0			6.9	2.2					
5	0.173	0			6.9	2.5					
6	0.116	0			6.9	3.3	<1				
7	0.145	0			6.9	3.4	<1				
8	0.117	0			6.8	3.9	<1				
9	0.126	0			6.6	4.8	<1				
10	0.134	0			6.7	4.7					
11	0.124	0			6.9	4.2					
12	0.139	0			6.7	4.5					
13	0.128	0			6.8	4.3	<1				
14	0.124	0	202	144	6.8	5.0	<1	0.14	<2	<0.6	
15	0.128	0			6.9	5.0	<1				
16	0.143	0			6.9	5.0	<1				
17	0.121	0			6.9	5.0					
18	0.114	0			6.9	5.0					
19	0.124	0			6.8	5.0					
20	0.123	0			6.8	4.1	<1				
21	0.118	0			6.9	3.8	<1				
22	0.127	0			7.0	4.2	<1				
23	0.125	0			7.0	3.1	<1				
24	0.144	0			6.8	4.3					
25	0.138	0			6.7	4.6					
26	0.102	0			6.6	2.1					
27	0.100	0			6.8	3.6	<1				
28	0.112	0	159	192	6.8	4.1	<1	0.48	<2	1.1	
29											
30											
31											
Total	3450	0									
Mo. Avg	0.123	0	181	153	6.8	4.0	<1	0.31	<2	0.85	

PLANT STAFFING:

Day Shift Operator

Class:

C

Certificate No:

0013850

Name:

Michael Monat

Evening Shift Operator

Class:

C

Certificate No:

0013794

Name:

Ted Burleson

Night Shift Operator

Class:

Certificate No:

Name:

Lead Operator

Class:

B

Certificate No:

0007518

Name:

Patrick Godwin

DAILY SAMPLE RESULTS - PART BPermit Number:
Monitoring Period

FLA014053

From:

2-01-06

To:

2-28-06

Facility:

Sandalhaven WWTP

[illegible]

PLANT STAFFING:

Day Shift Operator

Class:

C

Certificate No:

0013850

Name: _____

Michael Monat

Evening Shift Operator

Class:

C

Certificate No:

0013794

Name: _____

Ted Burleson

Night Shift Operator

Class:

Certificate No:

100% 90% 80% 70% 60% 50% 40% 30% 20% 10% 0%

Name: _____

Patrick Godwin

Lead Operator

Class:

B

Certificate No:

0007518

Name: _____

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FILE COPY

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P O Box 2549, Ft. Myers, FL, 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014050

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Sandalhaven WWTP
LOCATION: 6811 Placida Road
Englewood, FL 34224

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

COUNTY: Charlotte

NO DISCHARGE FROM SITE: ☒

MONITORING PERIOD From: 1-01-06 To 1-31-06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	Ø				Ø		
PARM Code 50050 Y Mon.Site No. OTH-1B	Permit Requirement	0.15 (An.Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow	Sample Measurement	Ø				Ø		
PARM Code 50050 P Mon.Site No. OTH-1B	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<2		Ø		
PARM Code 80082 Y Mon.Site No. EPA-1	Permit Requirement			20.0 (An.Avg.)	MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<2	<2	Ø		
PARM Code 80082 A Mon.Site No. EPA-1	Permit Requirement			30.0 (Mo.Avg.)	45.0 (Weekly Avg.)	60 (Max)	MG/L	Every Two Weeks
Solids, Total Suspended	Sample Measurement			<0.7		Ø		
PARM Code 00530 Y Mon.Site No. EPA-1	Permit Requirement			20.0 (An.Avg.)			MG/L	Every Two Weeks
Solids, Total Suspended	Sample Measurement			0.6	0.6	0.7	Ø	
PARM Code 00530 A Mon.Site No. EPA-1	Permit Requirement			30.0 (Mo.Avg.)	45.0 (Weekly Avg.)	60 (Max)	MG/L	Every Two Weeks

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	697-4797	06-01-15

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Sandalhaven WWTP

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA014053

MONITORING PERIOD From: 1-01-06 To 1-31-06

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			6.5	7.0			Ø		
PARM Code 00400 A Mon. Site No. EPA-1	Permit Requirement			6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			<1				Ø		
PARM Code 74055 Y Mon. Site No. EPA-1	Permit Requirement			200 (An. Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement			<1	<1	<1		Ø		
PARM Code 74055 A Mon. Site No. EPA-1	Permit Requirement			Report (Mo. Geo. Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.1				Ø		
PARM Code 50060 A Mon. Site No. EPA-1	Permit Requirement			0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			0.30				Ø		
PARM Code 00620 A Mon. Site No. EPA-1	Permit Requirement			12.0 (Max.)			MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.04				Ø		
PARM Code 80082 G Mon. Site No. INF-1	Permit Requirement			Report (Mo. Avg.)			MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			241				Ø		
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement			Report (Mo. Avg.)			MG/L		Every Two Weeks	8-hr. FPC
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

02/14/2006 15:14

9416978959

SANDALHAVEN UTL

PAGE 03

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2549, Ft. Myers, FL, 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014059

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Sandalhaven WWTP
LOCATION: 6811 Placida Road
Englewood, FL 34224

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC:

COUNTY: Charlotte

NO DISCHARGE FROM SITE: ☒

MONITORING PERIOD From: 1-01-06 To 1-31-06

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.096							Ø		
PARM Code 50050 Y Mon.Site No. OTH-1A	Permit Requirement	0.10 (An.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0.090							Ø		
PARM Code 50050 P Mon.Site No. OTH-1A	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				< 2				Ø		
PARM Code 80082 Y Mon.Site No. EPA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				< 2	< 2	< 2		Ø		
PARM Code 80082 A Mon.Site No. EPA-1	Permit Requirement				30.0 (Mo.Avg.)	45.0 (Weekly Avg)	60 (Max)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				1.8				Ø		
PARM Code 00530 B Mon.Site No. EFB-1	Permit Requirement				5.0 (Max.)			MG/L		4 Days/Week	Grab
pH	Sample Measurement				6.5	7.0			Ø		
PARM Code 00400 A Mon.Site No. EPA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	697-4797	06-01-15

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Sandalhaven WWTP

MONITORING GROUP NUMBER: R-002

PERMIT NUMBER: FLA014053

MONITORING PERIOD From: 1-01-06 To: 1-31-06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement			<1		0		
PARM Code 74055 A	Permit Requirement			25 (Max.)	#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.1		0		
PARM Code 50060 A	Permit Requirement			1.0 (Min.)	MGL		Continuous	Grab
Turbidity	Sample Measurement			1.55		0		
PARM Code 00070 B	Permit Requirement			(Max)	NTU		Continuous	Meter
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
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	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

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SANDALHAVEN UTL

PAGE 05

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA014053

From: 1-01-06

To: 1-31-06

Facility: Sandalhaven WWTP

	Flow (MGD)	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	pH (SU)	TRC (For Disinfect.) (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	CBOD5 (MG/L)	TSS (MG/L)	
Code	50050	50050	80082	00530	00400	50060	74055	00620	80082	00530	
Mon. Site	OTH-1A	OTH-1B	INF-1	INF-1	EPA-1	EPA-1	EPA-1	EPA-1	EPA-1	EPA-1	
1	0.100	Ø			6.5	4.7					
2	0.092	Ø			6.8	4.8					
3	0.091	Ø	170	356	6.8	4.2	<1	0.12	<2	<0.6	
4	0.091	Ø			6.9	4.4	<1				
5	0.090	Ø			6.9	4.3	<1				
6	0.082	Ø			7.0	3.9	<1				
7	0.081	Ø			6.7	4.6					
8	0.085	Ø			6.6	4.7					
9	0.089	Ø			6.6	4.7	<1				
10	0.085	Ø			6.7	3.8	<1				
11	0.096	Ø			6.6	3.7	<1				
12	0.090	Ø			6.6	3.3	<1				
13	0.097	Ø			6.7	3.7					
14	0.090	Ø			6.7	3.7					
15	0.084	Ø			6.6	4.3					
16	0.093	Ø			6.6	3.3	<1				
17	0.096	Ø	251	136	6.8	3.8	<1	0.14	<2	0.7	
18	0.100	Ø			6.8	4.0	<1				
19	0.095	Ø			6.7	4.7	<1				
20	0.093	Ø			6.8	4.1					
21	0.103	Ø			6.8	4.0					
22	0.095	Ø			6.6	4.1					
23	0.100	Ø			6.6	2.0	<1				
24	0.095	Ø			6.9	2.0	<1				
25	0.097	Ø			6.6	1.7	<1				
26	0.098	Ø			6.7	2.0	<1				
27	0.083	Ø			6.8	2.1					
28	0.064	Ø			6.8	1.3					
29	0.084	Ø			6.8	1.1					
30	0.092	Ø			6.7	2.3	<1				
31	0.073	Ø	190	232	6.8	5.0	<1	0.30	<2	<0.6	
Total	2.804	Ø									
Mo. Avg.	0.090	Ø	204	241	6.7	3.6	<1	0.19	<2	0.6	

PLANT STAFFING:

Day Shift Operator

Class: C

Certificate No:

0013850

Name:

Michael Monat

Evening Shift Operator

Class: C

Certificate No:

0013794

Name:

Ted Burleson

Night Shift Operator

Class:

Certificate No:

Name:

Lead Operator

Class: B

Certificate No:

0007518

Name:

Patrick Godwin

Facility: Sandelhaven WWTP

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

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SANDLHAVEN UTL

PAGE 08

3 month average		
Flow	Flow	Flow

Sandalhaven WWTP Englewood, Florida

Month January Year 2006

Rate	Flow	Cl-2	pH	NTU	Flow	Flow	B.O.	30 Min	Flow	Flow	Flow	Flow	Flow	Flow
1	.100	4.7	6.5	1.36	.098	Ø	0.8	89						2
2	.092	4.8	6.8	1.55	.090	Ø	1.2	89				✓	✓	2
3	.091	4.2	6.8	0.59	.089	Ø	1.2	90						
4	.091	4.4	6.9	0.61	.089	Ø	1.2	90						
5	.090	4.35	6.9	0.53	.088	Ø	1.2	91				✓	✓	
6	.082	3.9	7.0	0.55	.080	Ø	1.4	91						2
7	.081	4.6	6.7	0.51	.079	Ø	1.2	90					✓	3
8	.085	4.7	6.6	1.09	.083	Ø	1.2	90				✓		
9	.089	4.7	6.6	1.28	.087	Ø	1.2	91					✓	
10	.085	3.8	6.7	.45	.083	Ø	1.2	90				✓		
11	.096	3.7	6.6	.49	.094	Ø	1.4	90					✓	
12	.090	3.3	6.6	0.51	.088	Ø	1.2	90				✓		
13	.097	3.7	6.7	0.50	.095	Ø	1.1	88						
14	.090	3.7	6.7	0.19	.088	Ø	1.2	88					✓	
15	.084	4.3	6.6	0.50	.082	Ø	1.1	89				✓		
16	.093	3.3	6.6	.62	.091	Ø	1.2	86					✓	2
17	.096	3.8	6.8	.49	.094	Ø	1.4	89						
18	.100	4.0	6.8	.43	.098	Ø	1.2	88				✓		
19	.095	4.7	6.7	.52	.093	Ø	1.4	70					✓	
20	.093	4.1	6.8	.60	.091	Ø	1.2	89				✓		
21	.103	4.0	6.8	.71	.101	Ø	1.0	88					✓	4
22	.095	4.1	6.6	.84	.093	Ø	1.0	89				✓	✓	
23	.100	2.0	6.6	.66	.098	Ø	1.2	91						
24	.095	2.0	6.9	.86	.093	Ø	1.2	93				✓	✓	
25	.097	1.7	6.6	.96	.095	Ø	1.0	92						
26	.098	2.0	6.7	.89	.096	Ø	1.8	92				✓	✓	
27	.083	2.1	6.8	.75	.082	Ø	1.0	92						
28	.064	1.3	6.8	.81	.062	Ø	1.0	93				✓	✓	1
29	.084	1.1	6.8	.85	.082	Ø	1.0	93				✓		
30	.092	2.3	6.7	.66	.090	Ø	1.2	93					✓	
31	.073	5.0	6.8	.78	.071	Ø	1.4	92				✓		
Total	2804				2742	Ø						✓		
Average	.090				.088	Ø								

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FILE COPY

When Completed, mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2549, Ft. Myers, FL 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014053

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Sandalhaven WWTP
LOCATION: 6811 Placida Road
Englewood, FL 34224

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: including Influent

COUNTY: Charlotte

NO DISCHARGE FROM SITE: ☒

MONITORING PERIOD From: 10-01-06 To: 10-31-06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.006				Ø		
PARM Code 50050 Y Mon. Site No. OTH-1B	Permit Requirement	0.15 (An. Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow	Sample Measurement	Ø				Ø		
PARM Code 50050 P Mon. Site No. OTH-1B	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.1		Ø		
PARM Code 80082 Y Mon. Site No. EPA-1	Permit Requirement			20.0 (An. Avg.)	MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<2	<2	Ø		
PARM Code 80082 A Mon. Site No. EPA-1	Permit Requirement			30.0 (Mo. Avg.)	45.0 (Weekly Avg.)	60 (Max)	Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			0.69		Ø		
PARM Code 00530 Y Mon. Site No. EPA-1	Permit Requirement			20.0 (An. Avg.)		MG/L	Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			0.85	0.85	1.1	Ø	
PARM Code 00530 A Mon. Site No. EPA-1	Permit Requirement			30.0 (Mo. Avg.)	45.0 (Weekly Avg.)	60 (Max)	Every Two Weeks	8-hr. FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	697-4797	06-11-25

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Sandalhaven WWTP

MONITORING GROUP NUMBER: R 001

MONITORING PERIOD From: 10-01-06 To

PERMIT NUMBER: FLA01405.1

10-31-06

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			6.4	6.8			Ø		
PARM Code 00400 A	Permit Requirement			6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			1.6				Ø		
PARM Code 74055 Y	Permit Requirement			200 (Ar. Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement			<1	<1	<1		Ø		
PARM Code 74055 A	Permit Requirement			Report (Mo. Geo. Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement		*	0.9				Ø		
PARM Code 50060 A	Permit Requirement			0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			0.61				Ø		
PARM Code 00620 A	Permit Requirement			12.0 (Max.)			MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			117				Ø		
PARM Code 80082 G	Permit Requirement			Report (Mo. Avg.)			MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			178				Ø		
PARM Code 00530 G	Permit Requirement			Report (Mo. Avg.)			MG/L		Every Two Weeks	8-hr. FPC
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

* 10-10-06 Cl₂ Dropped to 0.9 for about 15 min's } because of high flow

ENVIRONMENTAL PROTECTION MONTHLY LARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2549, Ft. Myers, FL 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
 MAILING ADDRESS: 200 Weatherfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FL A014051

LIMIT: Final
 CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

FACILITY: Sandalhaven WWT
 LOCATION: 6811 Placida Road
 Englewood, FL 34224

MONITORING GROUP NUMBER: R-002
 MONITORING GROUP DESC:

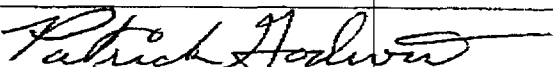
COUNTY: Charlotte

NO DISCHARGE FROM SITE: ☒

MONITORING PERIOD From: 10-01-06 To 10-31-06

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.088							Ø		
PARM Code 50050 Y Mon. Site No. OTH-1A	Permit Requirement	0.10 (An. Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0.071							Ø		
PARM Code 50050 P Mon. Site No. OTH-1A	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.1				Ø		
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			MGL		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2	<2	<2		Ø		
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	45.0 (Weekly Avg.)	60 (Max)	MGL		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				0.9				Ø		
PARM Code 00530 B Mon. Site No. EFB-1	Permit Requirement				5.0 (Max.)			MGL		4 Days/Week	Grab
pH	Sample Measurement				6.4	6.8			Ø		
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Patrick Godwin Lead Operator		697-4797	06-11-25

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

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	Frequency of Analysis	Sample Type
Coliform, fecal	Sample					
PARM Code 74055 A	Measurement		2			
Mon. Site No. EFA-1	Permit		25 (Max.)			
Total Residual Chlorine (Fw Disinfection)	Requirement				4 Days/Week	Grab
PARM Code 50060 A	Sample		0.9			
Mon. Site No. EFA-1	Measurement		1.0 (Min.)		Continuous	Grab
Turbidity	Permit		2.90			
PARM Code 03070 B	Requirement		(Max)		Continuous	Meter
Mon. Site No. EFB-1	Sample					
	Measurement					
	Permit					
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Permit Number:
Monitoring Period

FLA-014053

From:

FD-01-06

Te:

10-31-06

Facility:

SandsHaven WWTP

[illegible]

PLANT STAFFING:

Day Shift Operator

CIRAS:

5

Certificate No:

0013850

NATGES:

Michael Monat

Evening Shift Operator

Class:

2

Certificate No:

0013794

NAME: _____

Ted Burleson

Night Shift Operator

Class:

Certificate No:

Downloaded from <http://ajphaphapublications.sagepub.com/> at 11:01 11 November 2014

Name: _____

Patrick Godwin

Lead Operator

Class:

B

Certificate No:

0007518

Name: _____

Patrick Godwin

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period:

FLA014053

From: 10-01-06 To: 10-31-06

Facility: Sandalhaven WWTP

	Flow (MGD)	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	pH (SU)	TRC (For Disinfect.) (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	CBOD5 (MG/L)	TSS (MG/L)	
Code	50050	50050	80082	00530	00480	50060	74055	00620	80082	00530	
Mon. Site	OTH-1A	OTH-1B	INF-1	INF-1	EPA-1	EPA-1	EPA-1	EPA-1	EPA-1	EPA-1	
1	0.074	0			6.7	1.2					
2	0.073	0			6.6	5.0	<1				
3	0.070	0			6.7	5.0	<1				
4	0.082	0			6.8	4.7	<1				
5	0.069	0			6.7	5.0	<1				
6	0.070	0			6.7	5.0					
7	0.067	0			6.5	2.5					
8	0.063	0			6.5	4.0					
9	0.075	0			6.6	1.7	<1				
10	0.068	0	96	170	6.6	0.9	<1	0.61	<2	<0.6	
11	0.063	0			6.6	2.8	<1				
12	0.065	0			6.6	4.2	<1				
13	0.064	0			6.6	1.9					
14	0.061	0			6.5	3.0					
15	0.066	0			6.5	2.7					
16	0.070	0			6.6	2.0	<1				
17	0.069	0			6.6	2.5	<1				
18	0.050	0			6.7	1.8	<1				
19	0.069	0			6.7	1.1	<1				
20	0.076	0			6.7	1.0					
21	0.072	0			6.7	3.1					
22	0.061	0			6.7	1.3					
23	0.062	0			6.6	2.8					
24	0.067	0	138	186	6.8	2.5		0.23	<2	1.1	
25	0.062	0			6.8	1.6	2				
26	0.067	0			6.7	5.0	<1				
27	0.066	0			6.8	1.2	<1				
28	0.100	0			6.7	1.1	<1				
29	0.086	0			6.7	1.3					
30	0.085	0			6.4	1.3	<1				
31	0.087	0			6.7	1.5	<1				
Total	2.186	0						.84			
Mo. Avg.	0.071	0	117	178	6.6	2.6	<1	.42	<2	.85	

PLANT STAFFING:

Day Shift Operator

Class:

C

Certificate No:

0013850

Name:

Michael Monat

Evening Shift Operator

Class:

C

Certificate No:

0013794

Name:

Ted Burleson

Night Shift Operator

Class:

Certificate No:

Name:

Lead Operator

Class:

B

Certificate No:

0007518

Name:

Patrick Godwin

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2519, Ft. Myers, FL, 33902-2519

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

FACILITY: Sandalhaven WWTP
LOCATION: 6811 Placida Road
Englewood, FL 34224

COUNTY: Charlotte

PERMIT NUMBER FLA014053

LIMIT: Final
CLASS SIZE: N/A

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: including Influent

REPORT
GROUP: Monthly
Domestic

NO DISCHARGE FROM SITE ☒ From: 09-01-06 To 09-30-06

Parameter	Sample Measurement	Permit Requirement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow									
PARM Code 50050 Y	0.006	0.15 (An.Avg.)		MGD				5 Days/Week	Flow Totalizer
Mon Site No. OTH-IB									
Flow									
PARM Code 50050 P	Report (Mo.Avg.)			MGD				5 Days/Week	Flow Totalizer
Mon Site No. OTH-IB									
BOD, Carbonaceous 5 day, 20C									
PARM Code 80082 Y				2.1					
Mon Site No. EPA-1									
BOD, Carbonaceous 5 day, 20C				20.0 (An.Avg.)		MG/L		Every Two Weeks	8-hr. FPC
PARM Code 80082 A				<2	<2				
Mon Site No. EPA-1				30.0 (Mo.Avg.)	45.0 (Weekly Avg.)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended				-68					
PARM Code 00530 Y				20.0 (An.Avg.)		MG/L		Every Two Weeks	8-hr. FPC
Mon Site No. EPA-1									
Solids, Total Suspended				<0.6	<0.6				
PARM Code 00530 A				30.0 (Mo.Avg.)	45.0 (Weekly Avg.)	MG/L		Every Two Weeks	8-hr. FPC
Mon Site No. EPA-1									

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Patrick Godwin Lead Operator	Patrick Godwin	697-4797	06-10-20

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

FILE COPY

DISCHARGE MONITORING REPORT - PART A (Continued)

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD

From: 09-01-06 To

PERMIT NUMBER: FLA011053

09-30-06

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH				6.4	6.8			Ø		
PARM Code 00400 A	Sample Measurement			6.0	8.5		SU	Ø	5 Days/Week	Grab
Mon. Site No. EPA-1	Permit Requirement			(Min.)	(Max.)					
Coliform, Fecal	Sample Measurement			<1				Ø		
PARM Code 74055 Y	Permit Requirement			200			#/100ML		Every Two Weeks	Grab
Mon. Site No. EPA-1	Sample Measurement			<1	<1	<1		Ø		
Coliform, Fecal	Permit Requirement			Report (Mo. Geo. Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
PARM Code 74055 A	Sample Measurement			0.8				Ø		
Mon. Site No. EPA-1	Permit Requirement			0.5 (Min.)			MG/L		5 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement		*	6.18				Ø		
PARM Code 50060 A	Permit Requirement			12.0 (Max.)			MG/L		Every Two Weeks	8-hr. FPC
Mon. Site No. EPA-1	Sample Measurement			51				Ø		
Nitrogen, Nitrate, Total (as N)	Permit Requirement			Report (Mo. Avg.)			MG/L		Every Two Weeks	8-hr. FPC
PARM Code 00620 A	Sample Measurement			69.5				Ø		
Mon. Site No. EPA-1	Permit Requirement			Report (Mo. Avg.)			MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement									
PARM Code 80082 G	Permit Requirement									
Mon. Site No. INF-1	Sample Measurement									
Solids, Total Suspended	Permit Requirement									
PARM Code 00530 G	Sample Measurement									
Mon. Site No. INF-1	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

* 09-19-06 Cl₂ Dropped to 0.8 for about mins } Because of

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2549, Ft. Myers, FL 33902-2549

PERMITTEE NAME: Girlines Incorporated of Sandalhaven
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32711

PERMIT NUMBER: FLAD04051

LIMIT: Total
CLASS SIZE: N/A

REPORT GROUP: Monthly
Domestic

FACILITY: Sandalhaven WWTP
LOCATION: 6811 Placida Road
Englewood, FL 34224

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC:

COUNTY: Charlotte

NO DISCHARGE FROM SITE: ☒

MONITORING PERIOD From: 09-01-06 To 09-30-06

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.090							Ø		
PARM Code 50050 Y	Permit Requirement	0.10 (An.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0.100							Ø		
PARM Code 50050 P	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.1				Ø		
PARM Code 80082 Y	Permit Requirement				20.0 (An.Avg.)			MGL		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				< 2	< 2	< 2		Ø		
PARM Code 80082 A	Permit Requirement				30.0 (Mo.Avg.)	45.0 (Weekly Avg)	60 (Max)	MGL		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				2.1				Ø		
PARM Code 00530 B	Permit Requirement				5.0 (Max.)			MGL		4 Days/Week	Grab
pH	Sample Measurement				6.4	6.8			Ø		
PARM Code 00400 A	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SI		5 Days/Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Patrick Godwin Lead Operator	Patrick Godwin	697-4797	06-10-20

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

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA014053

From:

09-01-06

To:

09-30-06

Facility: Sandalhaven WWTP

	Flow (MGD)	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	pH (SU)	TRC (For Disinfect.) (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	CBOD5 (MG/L)	TSS (MG/L)	
Code	50050	50050	80082	00530	00400	50060	74055	00620	80082	00530	
Mon. Site	OTH-1A	OTH-1B	INF-1	INF-1	BFA-1	BFA-1	BFA-1	BFA-1	BFA-1	BFA-1	
1	0.127	0			6.7	1.4					
2	0.130	0			6.7	1.6					
3	0.143	0			6.7	1.4					
4	0.119	0			6.7	2.1					
5	0.097	0			6.7	1.8	<1				
6	0.105	0			6.7	1.5	<1				
7	0.085	0			6.7	3.5	<1				
8	0.093	0			6.7	3.5	<1				
9	0.080	0			6.4	3.5					
10	0.080	0			6.5	5.0					
11	0.072	0			6.6	5.0	<1				
12	0.085	0	68	85	6.7	4.5	<1	6.18	<2	<0.6	
13	0.098	0			6.7	4.5	<1				
14	0.109	0			6.7	5.0	<1				
15	0.094	0			6.6	5.0					
16	0.089	0			6.5	4.8					
17	0.082	0			6.6	5.0					
18	0.089	0			6.7	2.6	<1				
19	0.111	0			6.7	0.8	<1				
20	0.152	0			6.8	1.0	<1				
21	0.110	0			6.7	4.1	<1				
22	0.113	0			6.7	2.8					
23	0.111	0			6.5	2.8					
24	0.094	0			6.5	1.5					
25	0.084	0			6.6	2.2	<1				
26	0.102	0	34	54.0	6.7	5.0	<1	4.83	<2	<0.6	
27	0.103	0			6.7	5.0	<1				
28	0.085	0			6.7	3.8	<1				
29	0.086	0			6.7	5.0					
30	0.067	0			6.7	5.0					
31											
Total	2.995	0									
Mo. Avg.	0.100	0	51	69.5	6.7	3.4	<1	5.51	<2	<0.6	

PLANT STAFFING:

Day Shift Operator

Class:

C

Certificate No:

0013850

Name:

Michael Monat

Evening Shift Operator

Class:

C

Certificate No:

0013794

Name:

Ted Burleson

Night Shift Operator

Class:

B

Certificate No:

0007518

Name:

Patrick Godwin

Lead Operator

Class:

B

Certificate No:

0007518

Name:

Patrick Godwin

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period:

FLA014053

From: 09-01-06

To: 09-30-06

Facility: Sandalhaven WWTP

	TSS (MG/L)	Turbidity (NTU)
Code	00530	00070
Mon. Site	EFB-1	EFB-1
1		.38
2		.41
3		.42
4		.37
5	<0.6	.38
6	<0.6	.43
7	<0.6	.49
8	<0.6	.37
9		.43
10		.48
11	<0.6	.40
12	<0.6	.38
13	<0.6	.45
14	<0.6	.39
15		.49
16		.58
17		.52
18	<0.6	.47
19	<0.6	.48
20	<0.6	.51
21	<0.6	.32
22		.35
23		.49
24		.49
25	2.1	.45
26	<0.6	.25
27	<0.6	.45
28	<0.6	.49
29		.35
30		.50
31		
Total		
Mo. Avg.	0.69	.43

PLANT STAFFING:

Day Shift Operator

Class:

Certificate No:

Name: _____

Evening Shift Operator

Class:

Certificate No:

Name:

Light Shift Operator

Class:

Certificate No:

Name:

Lead Operator

Class:

Certificate No:

Name:

08/24/2005 08:41

4578596761

UTILITIES INC OF FL

UTILITIES, INC. OF FLORIDA
AN AFFILIATE OF UTILITIES, INC.
300 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714**CORPORATE OFFICES:**
2935 Sanders Road
Northbrook, Illinois 60062
Telephone: 847-497-4440Telephone: 407-669-1919
Florida: 800-272-1919
Fax: 407-669-6961
Sendto:utilidmsinc-usa.com**Fax Transmittal**

To: Wanda **Date:** _____
Company: SANDALHAVEN **Fax #:** 941-697-8959
From: Lennie Godwin **Pages:** 1 including this cover page.
Subject: DMR for the Month

☒ **URGENT** ☐ **For Your Review** ☐ **For your information** ☐ **Please**
☐ **As Requested** ☐ **Please Comment** ☐ **Reply** **Original:** ☐ **will not be sent**
☐ **via U.S. Mail**

**Utilities, Inc.****Message:**

This message is for the named person's use only. It may contain sensitive, private or privileged information. No confidentiality or privilege is waived or lost by any non-communication. If you are not the intended recipient, please notify the sender immediately at the telephone number listed above. It is also requested that you immediately recall the transmission if the address above. You must not, directly or indirectly, use, disclose, distribute, print or copy any part of this message if you are not the intended recipient. Thank you.

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2549, Ft. Myers, FL 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014053

LIMIT: Final
CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

FACILITY: Sandalhaven WWTP
LOCATION: 6811 Placida Road
Englewood, FL 34224

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: including Influent

COUNTY: Charlotte

NO DISCHARGE FROM SITE ☒

MONITORING PERIOD From: 08-01-06 To 08-31-06

FILE COPY

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.006				0		
PARM Code S0050 Y Mon. Site No. OTH-1B	Permit Requirement	0.15 (An. Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0				0		
PARM Code S0050 P Mon. Site No. OTH-1B	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.1		0		
PARM Code 80082 Y Mon. Site No. BFA-1	Permit Requirement			20.0 (An. Avg.)			Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			< 2	< 2	< 2		
PARM Code 80082 A Mon. Site No. BFA-1	Permit Requirement			30.0 (Mo. Avg.)	45.0 (Weekly Avg.)	60 (Max)	Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			0.7		0		
PARM Code 00530 Y Mon. Site No. BFA-1	Permit Requirement			20.0 (An. Avg.)			Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			< 2		0		
PARM Code 00530 A Mon. Site No. BFA-1	Permit Requirement			30.0 (Mo. Avg.)	45.0 (Weekly Avg.)	60 (Max)	Every Two Weeks	8-hr. FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YYMM/DD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	697-4797	06-09-22

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Sandalhaven WWTP

MONITORING GROUP NUMBER: R 001

PERMIT NUMBER: FLA014053

MONITORING PERIOD From: 08-01-06 To

08-31-06

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			6.3	7.0			Ø		
PARM Code 00400 A	Permit Requirement			6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			<1				Ø		
PARM Code 74055 Y	Permit Requirement			200 (An. Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement			<1	<1	<1		Ø		
PARM Code 74055 A	Permit Requirement			Report (Mo. Geo. Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			0.7				Ø		
PARM Code 50060 A	Permit Requirement			0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			6.56				Ø		
PARM Code 00620 A	Permit Requirement			12.0 (Max.)			MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			112				Ø		
PARM Code 80082 G	Permit Requirement			Report (Mo. Avg.)			MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			97				Ø		
PARM Code 00530 G	Permit Requirement			Report (Mo. Avg.)			MG/L		Every Two Weeks	8-hr. FPC
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

* 08-15-06 Cl₂ Dropped to 0.7 for about 5 min's
 * 08-17-06 Cl₂ Dropped to 0.8 for about 5 min's. } Because of high flow (Rain)

DEVELOPMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2519, 14 Myak, FL 33817-2519

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
 MAILING ADDRESS: 200 W. Alhambra Field Avenue
 Altamonte Springs, FL 32714

FACTORY: Sandalhaven WWTP
 LOCATION: 6511 Parula Road
 Englewood, FL 34224

COUNTY: Charlotte

PERMIT NUMBER: FLA014063

CLASS SIZE: Initial N/A
 MONITORING GROUP NUMBER: R-002
 MONITORING GROUP DESCRIPTION:

REPORT GROUP: Monthly Domestic

NO DISCHARGE FROM SITE ☒
 MONITORING PERIOD FROM: 08-01-06 To: 08-31-06

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Permit Requirement	0.087 0.10 (An. Avg.)	MGD			0		
Flow	Sample Measurement	0.102 Report (Mo. Avg.)	MGD			0	5 Days/Week	Flow Totalizer
PARM Code 50050 P Mon. Site No. OTH-1A BOD, Carbonaceous 5 day, 20C	Permit Requirement					0	5 Days/Week	Flow Totalizer
PARM Code 80082 Y Mon. Site No. EFA-1 BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.1 20.0 (An. Avg.)	MG/L	0	Every Two Weeks	8-hr. HPC
PARM Code 80082 A Mon. Site No. EFA-1 Solids, Total Suspended	Permit Requirement			<2 30.0 (Mo. Avg.)	MG/L	0	Every Two Weeks	8-hr. HPC
PARM Code 00530 B Mon. Site No. EFB-1 pH	Sample Measurement			<0.6 5.0 (Max.)	MG/L	0	4 Days/Week	Grab
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement			6.3 6.0 (Min.)	SU	0	5 Days/Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	697-4797	06-09-22

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

2011.01.21

BOOKING GROUP NUMBER 080
BOOKING REFERENCE 080

08-31-80

[illegible]

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA014053
From:

8-01-06 To: 8-31-06

Facility: Sandalhaven WWTP

	Flow (MGD)	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	pH (SU)	TRC (For Disinfect.) (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	CBOD5 (MG/L)	TSS (MG/L)	
Code	50050	50050	80082	00530	00400	50060	74055	00620	80082	00530	
Mon. Site	OTH-1A	OTH-1B	INF-1	INF-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	
1	0.072	Ø	42	54.0	7.0	5.0	<1	0.61	<2	<0.6	
2	0.081	Ø			6.8	3.4	<1				
3	0.080	Ø			6.8	1.3	<1				
4	0.101	Ø			6.7	1.8					
5	0.088	Ø			6.5	2.5					
6	0.091	Ø			6.5	2.9					
7	0.101	Ø			6.6	5.0	<1				
8	0.095	Ø			6.6	5.0	<1				
9	0.098	Ø			6.6	1.0	<1				
10	0.089	Ø			6.6	5.0	<1				
11	0.078	Ø			6.6	1.0					
12	0.071	Ø			6.5	2.6					
13	0.078	Ø			6.5	5.0					
14	0.153	Ø			6.6	5.0	<1				
15	0.111	Ø	229	82	6.7	0.7	<1	1.39	<2	<0.6	
16	0.108	Ø			6.8	1.0	<1				
17	0.103	Ø			6.8	0.8	<1				
18	0.103	Ø			6.7	4.2					
19	0.098	Ø			6.6	4.3					
20	0.087	Ø			6.5	4.6					
21	0.087	Ø			6.6	1.0	<1				
22	0.086	Ø			6.6	1.2	<1				
23	0.079	Ø			6.7	5.0	<1				
24	0.104	Ø			6.7	5.0	<1				
25	0.242	Ø			6.7	1.3					
26	0.138	Ø			6.3	5.0					
27	0.121	Ø			6.6	2.5					
28	0.100	Ø			6.8	2.3	<1				
29	0.097	Ø	64	155	6.6	4.0	<1	6.56	<2	<0.6	
30	0.095	Ø			6.6	5.0	<1				
31	0.126	Ø			6.7	1.7	<1				
Total	3.161	Ø									
Mo. Avg.	0.102	Ø	112	97	6.6	3.1	<1	2.85	<2	<0.6	

PLANT STAFFING:

Day Shift Operator

Class:

C

Certificate No:

0013850

Name:

Michael Monat

Evening Shift Operator

Class:

C

Certificate No:

0013794

Name:

Ted Burleson

Night Shift Operator

Class:

B

Certificate No:

0007518

Name:

Patrick Godwin

Lead Operator

Class:

B

Certificate No:

0007518

Name:

Patrick Godwin

Permit Number:
Monitoring Period:

FLA014053

From:

8-01-06

Te

8-31-06

Facility:

Sandshaven WWTP

[illegible]

PLANT STAFFING:

Day Shift Operator

Class:

٤

Certificate No:

0013850

Name: _____

Michael Monat

Evening Shift Operator

Class:

C

Certificate No:

0013794

Name: _____

Ted Burleson

Night Shift Operator

Class:

Certificate No:

Name: _____

Patrick Godwin

Lead Operator

Class;

B

Certificate No:

0007518

Name:

08/24/2006 08:41 407869-6961

UTILITIES INC OF FL

UTILITIES, INC. OF FLORIDA
AN AFFILIATE OF UTILITIES, INC.
360 WEATHERFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714CORPORATE OFFICES:
2335 Sandest Road
Northbrook, Illinois 60062
Telephone: 847-499-6440Telephone: 407-869-1919
Florida: 808-272-1919
Fax: 407-869-6961
sandco@utilfla.com-usa.com**Fax Transmittal**

Att: Wanda **Date:** _____

Company: SANDALHAVEN **Fax #:** 941-697-8959

From: Lennie Godwin **Pages:** 1 including this cover page.

Subject: DMR for the Month

☒ **URGENT** ☐ **For Your Review** ☐ **For your information** ☐ **Please Reply** **Original:** ☐ **will not be sent via U.S. Mail**
☐ **As Requested** ☐ **Please Comment**

**Utilities, Inc.****Message:**

This message is for the named person's use only. It may contain sensitive, private or protected information. No confidentiality or privilege is waived or lost by any mis-transmission. If you are not the intended recipient, please notify the sender immediately at the telephone number listed above. It is also requested that you immediately mark the communication as the address above. You must not, directly or indirectly, use, disclose, disseminate, print or copy any part of this message if you are not the intended recipient. Thank you.

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed Mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2549, Ft. Myers, FL 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
MAILING ADDRESS: 360 Wendersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014053

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Sandalhaven WWTP
LOCATION: 6311 Florida Road
Englewood, FL 34224

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: including influent

COUNTY: Charlotte

NO DISCHARGE FROM SITE: ☒
MONITORING PERIOD From 06-01-06 To 06-30-06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.006				0		
PARM Code 00000 Mon Site No: BPA-1	Permit Requirement	0.15 (An. Avg.)						
Flow	Sample Measurement	0				0		
PARM Code 00000 Mon Site No: BPA-1	Permit Requirement	0.15 (Mo. Avg.)						
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.1		0		
PARM Code 00000 Mon Site No: BPA-1	Permit Requirement			2.0 (An. Avg.)				
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.5	3.5	5	0	
PARM Code 00000 Mon Site No: BPA-1	Permit Requirement			3.0 (Mo. Avg.)	4.0 (Weekly Avg.)	5 (Max)		
Solids, Total Suspended	Sample Measurement			0.7		0		
PARM Code 00000 Mon Site No: BPA-1	Permit Requirement			2.0 (An. Avg.)			Every Two Weeks	2-lr. FPC
Solids, Total Suspended	Sample Measurement			1.1	1.1	1.5	0	
PARM Code 00330 Mon Site No: BPA-1	Permit Requirement			30.0 (Mo. Avg.)	45.0 (Weekly Avg.)	60 (Max)	Every Two Weeks	2-lr. FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	6974797	06-07-20

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (reference all attachments if any)

FILE COPY

08/28/2006

07:02

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SANDALHAVEN UTL

PAGE 02

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2549, Ft. Myers, FL 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014053

LIMIT: Final
CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

FACILITY: Sandalhaven WWTP
LOCATION: 6811 Placida Road
Englewood, FL 34224

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

COUNTY: Charlotte

NO DISCHARGE FROM SITE: ☒ From: 4-01-06 To 4-30-06

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.003						Ø		
PARM Code 50050 Y Mon. Site No. OTH-1B	Permit Requirement	0.15 (An. Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0.0						Ø		
PARM Code 50050 P Mon. Site No. OTH-1B	Permit Requirement	Report (Mo. Avg.)	MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<2				Ø		
PARM Code 80082 Y Mon. Site No. BFA-1	Permit Requirement			20.0 (An. Avg.)			MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<2	<2	<2		Ø		
PARM Code 80082 A Mon. Site No. BFA-1	Permit Requirement			30.0 (Mo. Avg.)	45.0 (Weekly Avg.)	60 (Max)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			<0.87				Ø		
PARM Code 00530 Y Mon. Site No. BFA-1	Permit Requirement			20.0 (An. Avg.)			MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			<0.6	<0.6	<0.6		Ø		
PARM Code 00530 A Mon. Site No. BFA-1	Permit Requirement			30.0 (Mo. Avg.)	45.0 (Weekly Avg.)	60 (Max)	MG/L		Every Two Weeks	8-hr. FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YYMM/DD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	697-4797	06-05-15

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

Monitoring Group Number R-00
Monitoring Period From 4-01-06 To 4-30-06
Permit Number LA01053

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement								
PARM Code 00400 A Mon. Site No. EPA-1 Coliform, Fecal	Permit Requirement			6.7	7.0				
	Sample Measurement			6.0 (Min.)	8.5 (Max.)			5 Days/Week	Grab
PARM Code 74055 Y Mon. Site No. EPA-1 Coliform, Fecal	Permit Requirement			<1					
	Sample Measurement			200 (An. Avg.)				Every Two Weeks	Grab
PARM Code 74055 A Mon. Site No. EPA-1 Total Residual Chlorine (For Disinfection)	Permit Requirement			<1	<1				
	Sample Measurement			Report (Mo. Gen. Mean)	400 (90%)	800 (Max.)		Every Two Weeks	Grab
PARM Code 50060 A Mon. Site No. EPA-1 Nitrogen, Nitrate, Total (as N)	Permit Requirement			1.4					
	Sample Measurement			0.5 (Min.)				5 Days/Week	Grab
PARM Code 00620 A Mon. Site No. EPA-1 BOD, Carbonaceous 5 day, 20C	Permit Requirement			0.48					
	Sample Measurement			12.0 (Max.)				Every Two Weeks	8-hr. PPC
PARM Code 80082 G Mon. Site No. INF-1 Solids, Total Suspended	Permit Requirement			310					
	Sample Measurement			Report (Mo. Avg.)				Every Two Weeks	8-hr. PPC
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement			233					
	Sample Measurement			Report (Mo. Avg.)				Every Two Weeks	8-hr. PPC
	Permit Requirement								
	Sample Measurement								
	Permit Requirement								
	Sample Measurement								
	Permit Requirement								

DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2549, Ft. Myers, FL 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
MAILING ADDRESS: 200 Weatherfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014053

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Sandalhaven WWTP
LOCATION: 6811 Placida Road
Englewood, FL 34224

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC:

COUNTY: Charlotte

NO DISCHARGE FROM SITE: ☒
MONITORING PERIOD From: 4-01-06 To 4-30-06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.091				Ø		
PARM Code 50050 Y	Permit Requirement	0.10 (An. Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0.071				Ø		
PARM Code 50050 P	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<2		Ø		
PARM Code 80082 Y	Permit Requirement			20.0 (An. Avg.)	MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<2 <2 <2		Ø		
PARM Code 80082 A	Permit Requirement			30.0 (Mo. Avg.) 45.0 (Weekly Avg.) 60 (Max)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			1.8		Ø		
PARM Code 00530 B	Permit Requirement			5.0 (Max)	MG/L		4 Days/Week	Grab
pH	Sample Measurement			6.7 7.0		Ø		
PARM Code 00400 A	Permit Requirement			6.0 (Min.) 8.5 (Max)	SU		5 Days/Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	697-4797	06-06-15

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

[illegible]

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period:

FLA014053

From: 4-01-06 To: 4-30-06

Facility: Sandalhaven WWTP

	Flow (MGD)	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	pH (SU)	TRC (For Disinfect.) (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	CBOD5 (MG/L)	TSS (MG/L)	
Code	50050	50050	80082	00530	00400	50060	74055	00620	80082	00530	
Mon. Site	OTH-1A	OTH-1B	INF-1	INF-1	EPA-1	EPA-1	EPA-1	EPA-1	EPA-1	EPA-1	
1	0.084	0			6.9	3.9					
2	0.084	0			6.8	4.0					
3	0.082	0			6.9	4.5	<1				
4	0.087	0			6.9	3.7	<1				
5	0.062	0			6.9	5.0	<1				
6	0.080	0			6.7	5.0	<1				
7	0.072	0			6.8	5.0					
8	0.075	0			6.8	5.0					
9	0.076	0			6.8	4.6					
10	0.080	0			6.8	3.2	<1				
11	0.067	0	266	172	6.8	5.0	<1	0.26	<2	<0.6	
12	0.065	0			6.7	5.0	<1				
13	0.064	0			6.7	4.7	<1				
14	0.064	0			6.7	4.6					
15	0.074	0			6.8	4.6					
16	0.069	0			6.8	4.5					
17	0.072	0			6.8	3.5	<1				
18	0.077	0			6.8	3.7	<1				
19	0.078	0			6.8	2.5	<1				
20	0.074	0			6.8	3.0	<1				
21	0.071	0			6.9	3.9					
22	0.073	0			6.8	3.8					
23	0.068	0			6.8	4.0					
24	0.066	0			6.9	1.4	<1				
25	0.062	0	354	294	6.9	1.5	<1	0.48	<2	<0.6	
26	0.061	0			7.0	3.5	<1				
27	0.068	0			7.0	2.1	<1				
28	0.057	0			6.9	4.4					
29	0.059	0			6.8	4.7					
30	0.056	0			6.8	4.4					
31											
Total	2127	0									
Mo. Avg.	0.071	0	310	233	6.8	4.0	<1	0.37	<2	<0.6	

PLANT STAFFING

Day Shift Operator

Class:

C

Certificate No:

0013850

Name:

Michael Monat

Evening Shift Operator

Class:

C

Certificate No:

0013794

Name:

Ted Burleson

Night Shift Operator

Class:

B

Certificate No:

0007518

Name:

Patrick Godwin

Lead Operator

Class:

B

Certificate No:

0007518

Name:

DAILY SAMPLE RESULTS - PART BPermit Number:
Monitoring Period

FLA014053

Front

4-01-06

To: 4-30-06

Facility: Sandathaven WWTP

[illegible]

PLANT STAFFING:

Day Shift Operator

Class:

C

Certificate No:

0013850

Name: _____

Michael Monat

Evening Shift Operator

Class:

C

Certificate No:

0013794

Name:

Ted Burleson

Night Shift Operator

Class:

Certificate No:

Abstract

Name: _____

Lead Operator

Class:

B

Certificate No:

0007518

Name: _____

Patrick Godwin

UTILITIES INC OF HUTCHINSON ISLAND

AN AFFILIATE OF UTILITIES, INC.

600 N.E. OCEAN BLVD
STUART, FLORIDA 34996CUSTOMER SERVICE OFFICES:
2500 Highway Road
P.O. Box 88, Illinois 60088
Phone: 647-498-1540*SANDALHAVEN*Telephone: 772-234-3821
Florida 800-481-1913
Fax: 772-234-3821
Florida@utilities.com**Fax Transmittal**

TO: <i>Jackie T</i>	Date:
FROM: <i>UI</i>	Fax #:
SUBJECT: <i>Lennie G. / Sandalhaven</i>	Pages: <i>7</i> including this cover page.
REFERENCE: <i>DMR</i>	

☐ For Your Review Please Comment	☐ For your Information	☐ Please Reply	Originals ☐ will not be sent via U.S. Mail
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**Messages:***DMR**Thank's**Lennie G*

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FILE COPY

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2549, Ft. Myers, FL 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
 MAILING ADDRESS: 200 Weathersfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014053

LIMIT: Final
 CLASS SIZE: N/A

REPORT GROUP: Monthly
 Domestic

FACILITY: Sandalhaven WWTP
 LOCATION: 6811 Placida Road
 Englewood, FL 34224

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: including Influent

COUNTY: Charlotte

NO DISCHARGE FROM SITE: ☒
 MONITORING PERIOD From: 3-01-06 To: 3-31-06

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.003							Ø		
PARM Code 50050 Y Mon. Site No. OTH-1B	Permit Requirement	0.15 (An. Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0.033							Ø		
PARM Code 50050 P Mon. Site No. OTH-1B	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				< 2				Ø		
PARM Code 80082 Y Mon. Site No. EPA-1	Permit Requirement				20.0 (An. Avg.)			MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				< 2	< 2	< 2		Ø		
PARM Code 80082 A Mon. Site No. EPA-1	Permit Requirement				30.0 (Mo. Avg.)	45.0 (Weekly Avg.)	60 (Max)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				0.69				Ø		
PARM Code 00530 Y Mon. Site No. EPA-1	Permit Requirement				20.0 (An. Avg.)			MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				0.75	0.75	0.9		Ø		
PARM Code 00530 A Mon. Site No. EPA-1	Permit Requirement				30.0 (Mo. Avg.)	45.0 (Weekly Avg.)	60 (Max)	MG/L		Every Two Weeks	8-hr. FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Patrick Godwin Lead Operator	Patrick Godwin	697-4797	06-04-18

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

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			6.7	7.1			Ø		
PARM Code 00400 A Mon.Site No. EPA-1	Permit Requirement			6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			<1				Ø		
PARM Code 74055 Y Mon.Site No. EPA-1	Permit Requirement			200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement			<1	<1	<1		Ø		
PARM Code 74055 A Mon.Site No. EPA-1	Permit Requirement			Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.8				Ø		
PARM Code 50060 A Mon.Site No. EPA-1	Permit Requirement			0.5 (Min.)			MGL		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			0.59				Ø		
PARM Code 00620 A Mon.Site No. EPA-1	Permit Requirement			12.0 (Max.)			MGL		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			341				Ø		
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement			Report (Mo.Avg.)			MGL		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			536				Ø		
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement			Report (Mo.Avg.)			MGL		Every Two Weeks	8-hr. FPC
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

When completed mail this report to: Department of Environmental Protection, South District, P.O. Box 2549, Ft. Myers, FL 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
MAILING ADDRESS: 200 Weatherfield Avenue
Altamonte Springs, FL 32714

FACILITY: Sandalhaven WWTP
LOCATION: 6811 Placida Road
Englewood, FL 34224

COUNTY: Charlotte

LIMIT: Final
CLASS SIZE: N/A
MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC:

NO DISCHARGE FROM SITE ☒
MONITORING PERIOD From: 3-01-06 To: 3-31-06

ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

REPORT: Monthly
GROUP: Domestic

04/19/2006 14:41

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SANDALHAVEN UTL

PAGE 02

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample		0.094			Ø	
PARM Code 50050 Y	Measurement		0.10				
Mon. Site No. OTH-1A	Requirement		(An. Avg.)				
Flow	Sample		0.111			Ø	
PARM Code 50050 P	Measurement						
Mon. Site No. OTH-1A	Requirement		(Mo. Avg.)				
BOD, Carbonaceous 5 day, 20C	Sample		< 2			Ø	
PARM Code 80082 Y	Measurement		20.0				
Mon. Site No. EPA-1	Requirement		(An. Avg.)				
BOD, Carbonaceous 5 day, 20C	Sample		< 2			Ø	
PARM Code 80082 A	Measurement		30.0				
Mon. Site No. EPA-1	Requirement		(Mo. Avg.)				
Solids, Total Suspended	Sample		6.7			3	
PARM Code 00530 B	Measurement		5.0				
Mon. Site No. BFB-1	Requirement		(Max.)				
pH	Sample		6.7			Ø	
PARM Code 00400 A	Measurement		6.0				
Mon. Site No. EPA-1	Requirement		(Min.)				
SV	Sample		7.1			Ø	
Grab	Requirement		(Max.)				

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YYYYMMDD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	697-4797	06-04-18

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

* Plant in reject from 3-01-06 to 3-09-06

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				<1				Ø		
PARM Code 74055 A	Permit				25			#/100ML		4 Days/Week	Grab
Mon. Site No. EFA-1	Requirement				(Max.)						
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.8				Ø		
PARM Code 50060 A	Permit				1.0			MG/L		Continuous	Grab
Mon. Site No. , EFA-1	Requirement				(Min.)						
Turbidity	Sample Measurement				6.7				Ø		
PARM Code 00070 B	Permit				(Max)			NTU		Continuous	Meter
Mon. Site No. EFB-1	Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA014053

From: 3-01-06 To: 3-31-06

Facility: Sandalhaven WWTP

	Flow (MGD) <i>Reuse</i>	Flow (MGD) <i>RIB</i>	CBOD5 (MG/L)	TSS (MG/L)	pH (SU)	TRC (For Disinfect.) (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	CBOD5 (MG/L)	TSS (MG/L)	
Code	50050	50050	80082	00530	00400	50060	74055	00620	80082	00530	
Mon. Site	OTH-1A	OTH-1B	INF-1	INF-1	BFA-1	BFA-1	BFA-1	BFA-1	BFA-1	BFA-1	
1	0.111	0.070			6.9	5.0	<1	0.59			
2	0.110	0.110			6.9	3.8	<1	0.01			
3	0.110	0.110			7.0	1.8					
4	0.110	0.110			6.9	1.8					
5	0.205	0.205			6.7	3.6					
6	0.199	0.199			6.8	5.0	<1	0.16			
7	0.109	0.109			6.8	5.0	<1	0.29			
8	0.122	0.122			6.8	5.0	<1	0.02			
9	0.112	Ø			6.9	5.0	<1	0.39			
10	0.092	Ø			6.9	3.3					
11	0.096	Ø			6.8	5.0					
12	0.104	Ø			6.8	5.0					
13	0.108	Ø			6.9	4.4	<1				
14	0.098	Ø	282	172	7.0	5.0	<1	0.52	<2	0.9	
15	0.103	Ø			7.1	4.6	<1				
16	0.111	Ø			7.0	3.4	<1				
17	0.113	Ø			7.0	4.4					
18	0.097	Ø			6.9	4.6					
19	0.115	Ø			6.9	4.2					
20	0.104	Ø			7.0	3.1	<1				
21	0.119	Ø			6.8	4.5	<1				
22	0.099	Ø			7.0	3.7	<1				
23	0.103	Ø			7.0	3.7	<1				
24	0.111	Ø			6.9	3.8					
25	0.095	Ø			6.8	4.8					
26	0.112	Ø			6.8	4.1					
27	0.102	Ø			6.9	3.9	<1				
28	0.096	Ø	400	900	6.9	4.8	<1	0.22	<2	<0.6	
29	0.092	Ø			6.9	3.9	<1				
30	0.092	Ø			6.9	3.8	<1				
31	0.097	Ø			6.8	3.6					
Total	3.447	1.035	682	1072				220		1.5	
Mo. Avg.	0.111	0.033	341	536	6.9	4.1	<1	0.28	<2	<0.	

* EST.

PLANT STAFFING:

Day Shift Operator

Class:

C

Certificate No:

0013850

Name:

Michael Monat

Evening Shift Operator

Class:

C

Certificate No:

0013794

Name:

Ted Burleson

Night Shift Operator

Class:

B

Certificate No:

0007518

Name:

Patrick Godwin

Lead Operator

Class:

B

Certificate No:

0007518

Name:

Patrick Godwin

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA014053

FLA014053
From: 3-01-06 To: 3-31-06

Facility: Sandhaven WWTP

Code	TSS (MG/L)	Turbidity (NTU)
00530	00070	
Mon. Site	BFB-1	BFB-1
1	6.1	5.00+
2	6.6	5.00+
3		5.00+
4		5.00+
5		5.00+
6	4.6	5.00+
7	6.7	5.00+
8	1.1	5.00+
9	1.0	4.22
10		2.85
11		2.65
12		1.58
13	1.2	1.98
14	1.6	1.86
15	1.6	2.40
16	2.1	2.86
17		1.45
18		.98
19		.92
20	1.3	1.10
21	0.8	1.36
22	1.5	1.25
23	1.8	1.40
24		.69
25		1.30
26		.62
27	0.7	.65
28	<0.6	.95
29	<0.6	1.18
30	<0.6	1.19
31		1.00
Total		
Mo. Avg.	2.3	

PLANT STAFFING:

Day Shift Operator

Class:

C

Certificate No:

0013850

Names

Michael Monat

Evening Shift Operator

Class:

C

Certificate No:

0013394

Name:

Ted Burleson

Night Shift Operator

CIRSE:

Certificate No:

1000

Notes

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Lead Operator

Class:

3

Certificate No:

0007518

History

Patrick Godwin

Jackie Tappan

From: Richard Retz [r.retz@utilitiesinc-usa.com]
Sent: Thursday, April 20, 2006 8:43 AM
To: 'Jackie Tappan'
Cc: 'Patrick Flynn'
Subject: March 2006 Sandalhaven DMR

Jackie,

I received the fax concerning the 6.7 TSS for Sandalhaven March 2006 DMR. The exceedance is not considered an excursion if the plant diverts to the reject pond, which it did. It is only noted as an excursion if the effluent left the plant.

Richard W. Retz
Regional Manager
Utilities, Inc. of Florida
200 Weathersfield Avenue
Altamonte Springs, Fl. 32714
407.869.8588, ext. 500
r.retz@utilitiesinc-usa.com

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FILE COPY

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2549, Ft. Myers, FL 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
 MAILING ADDRESS: 200 Weathersfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014053

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Sandalhaven WWTP
 LOCATION: 6811 Placida Road
 Englewood, FL 34224

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: including Influent

COUNTY: Charlotte

NO DISCHARGE FROM SITE: ☒
 MONITORING PERIOD From: 2-01-06 To 2-28-06

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	Ø						Ø		
PARM Code 50050 Y Mon. Site No. OTH-1B	Permit Requirement	0.15 (An. Avg.)	MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement	Ø						Ø		
PARM Code 50050 P Mon. Site No. OTH-1B	Permit Requirement	Report (Mo. Avg.)	MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<2				Ø		
PARM Code 80082 Y Mon. Site No. EPA-1	Permit Requirement			20.0 (An. Avg.)			MGL		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<2	<2	<2		Ø		
PARM Code 80082 A Mon. Site No. EPA-1	Permit Requirement			30.0 (Mo. Avg.)	45.0 (Weekly Avg.)	60 (Max)	MGL		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			0.7				Ø		
PARM Code 00530 Y Mon. Site No. EPA-1	Permit Requirement			20.0 (An. Avg.)			MGL		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			0.85	0.85	1.1		Ø		
PARM Code 00530 A Mon. Site No. EPA-1	Permit Requirement			30.0 (Mo. Avg.)	45.0 (Weekly Avg.)	60 (Max)	MGL		Every Two Weeks	8-hr. FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	697-4797	06-3-15

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Sandalhaven WWTP

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLAD1-0053

MONITORING PERIOD From: 2-01-06 To:

2-28-06

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH				6.6	7.0			Ø		
PARM Code 00400 A	Sample Measurement			6.0	8.5		SU		5 Days/Week	Grab
Mon.Site No. EPA-1	Permit Requirement			(Min.)	(Max.)					
Coliform, Fecal	Sample Measurement			<1				Ø		
PARM Code 74055 Y	Permit Requirement			200			#/100ML		Every Two Weeks	Grab
Mon.Site No. EPA-1				(Ar.Avg.)						
Coliform, Fecal	Sample Measurement			<1	<1	<1		Ø		
PARM Code 74055 A	Permit Requirement			Report	400	800	#/100ML		Every Two Weeks	Grab
Mon.Site No. EPA-1				(Mo.Geo.Mean)	(90%)	(Max.)				
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.1				Ø		
PARM Code 50060 A	Permit Requirement			0.5			MG/L		5 Days/Week	Grab
Mon.Site No. EPA-1				(Min.)						
Nitrogen, Nitrate, Total (as N)	Sample Measurement			0.48				Ø		
PARM Code 00620 A	Permit Requirement			12.0			MG/L		Every Two Weeks	8-hr. FPC
Mon.Site No. EPA-1				(Max.)						
BOD, Carbonaceous 5 day, 20C	Sample Measurement			181				Ø		
PARM Code 80082 G	Permit Requirement			Report			MG/L		Every Two Weeks	8-hr. FPC
Mon.Site No. INF-1				(Mo.Avg.)						
Solids, Total Suspended	Sample Measurement			153				Ø		
PARM Code 00530 G	Permit Requirement			Report			MG/L		Every Two Weeks	8-hr. FPC
Mon.Site No. INF-1				(Mo.Avg.)						
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

DISPATCH REPORT - ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMIT NUMBER: RA014053
FACILITY: Sandalhaven WWT
LOCATION: 6811 Placida Road
Englewood, FL 34224
MAILING ADDRESS: 200 Westminster Avenue
Altamonte Springs, FL 32714
COUNTY: Charlotte
NO DISCHARGE FROM SITE: ☒
MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC:
LIMIT: Total
CLASS SIZE: N/A
REPORT: Monthly
Domestic

MONITORING PERIOD From: 2-01-06 To: 2-28-06

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample		0.096			Ø	
Flow	Requirement		0.10				
Flow	Sample						
Flow	Measurement		0.123			Ø	
Flow	Requirement						
Mon. Site No. OTH-1A							
Flow	Sample						
Flow	Requirement						
Flow	Sample						
Flow	Measurement						
Flow	Requirement						
Mon. Site No. OTH-1A							
BOD, Carbonaceous 5 day, 20C	Sample		<2			Ø	
BOD, Carbonaceous 5 day, 20C	Requirement		20.0				
Flow	Sample						
Flow	Measurement						
Flow	Requirement						
Mon. Site No. EPA-1							
BOD, Carbonaceous 5 day, 20C	Sample		<2			Ø	
BOD, Carbonaceous 5 day, 20C	Requirement		45.0				
Flow	Sample						
Flow	Measurement						
Flow	Requirement						
Mon. Site No. EPA-1							
Solids, Total Suspended	Sample		2.7			Ø	
Solids, Total Suspended	Requirement		5.0				
Flow	Sample						
Flow	Measurement						
Flow	Requirement						
Mon. Site No. EPA-1							
pH	Sample		6.6			Ø	
pH	Requirement		6.0				
Flow	Sample						
Flow	Measurement						
Flow	Requirement						
Mon. Site No. EPA-1							
Crab	Sample						
Crab	Requirement						
Crab	Sample						
Crab	Requirement						
Crab	Sample						
Crab	Requirement						

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: Patrick Godwin Lead Operator
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: *Patrick Godwin*
TELEPHONE NO: 697-4797
DATE (YYYYMMDD): 06-03-15

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

[illegible]

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA014053

From: 2-01-06 To: 2-28-06

Facility: Sandalhaven WWTP

	Flow (MGD)	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	pH (SU)	TRC (For Disinfect.) (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	CBOD5 (MG/L)	TSS (MG/L)	
Code	50050	50050	80082	00530	00400	50060	74055	00620	80082	00530	
Mon. Site	OTH-1A	OTH-1B	INF-1	INF-1	EPA-1	EPA-1	EPA-1	EPA-1	EPA-1	EPA-1	
1	0.102	0			6.9	4.0	<1				
2	0.095	0			6.9	3.4	<1				
3	0.091	0			6.9	2.6					
4	0.117	0			6.9	2.2					
5	0.173	0			6.9	2.5					
6	0.116	0			6.9	3.3	<1				
7	0.145	0			6.9	3.4	<1				
8	0.117	0			6.8	3.9	<1				
9	0.126	0			6.6	4.8	<1				
10	0.134	0			6.7	4.7					
11	0.124	0			6.9	4.2					
12	0.139	0			6.7	4.5					
13	0.128	0			6.8	4.3	<1				
14	0.124	0	202	144	6.8	5.0	<1	0.14	<2	<0.6	
15	0.128	0			6.9	5.0	<1				
16	0.143	0			6.9	5.0	<1				
17	0.121	0			6.9	5.0					
18	0.114	0			6.9	5.0					
19	0.124	0			6.8	5.0					
20	0.123	0			6.8	4.1	<1				
21	0.118	0			6.9	3.8	<1				
22	0.127	0			7.0	4.2	<1				
23	0.125	0			7.0	3.1	<1				
24	0.144	0			6.8	4.3					
25	0.138	0			6.7	4.6					
26	0.102	0			6.6	2.1					
27	0.100	0			6.8	3.6	<1				
28	0.112	0	159	192	6.8	4.1	<1	0.48	<2	1.1	
29											
30											
31											
Total	3.450	0									
Mo. Avg	0.123	0	181	153	6.8	4.0	<1	0.31	<2	0.85	

PLANT STAFFING:

Day Shift Operator

Class: CCertificate No: 0013850Name: Michael Monat

Evening Shift Operator

Class: CCertificate No: 0013794Name: Ted Burleson

Night Shift Operator

Class: Certificate No: Name:

Lead Operator

Class: BCertificate No: 0007518Name: Patrick Godwin

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FILE COPY

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2549, Ft. Myers, FL, 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
 MAILING ADDRESS: 200 Weathersfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER FLA014053

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Sandalhaven WWTP
 LOCATION: 6811 Placida Road
 Englewood, FL 34224

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

COUNTY: Charlotte

NO DISCHARGE FROM SITE: ☒
 MONITORING PERIOD From: 1-01-06 To: 1-31-06

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	Ø							Ø		
PARM Code 50050 Y Mon.Site No. OTH-1B	Permit Requirement	0.15 (An.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement	Ø							Ø		
PARM Code 50050 P Mon.Site No. OTH-1B	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				< 2				Ø		
PARM Code 80082 Y Mon.Site No. EPA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				< 2	< 2	< 2		Ø		
PARM Code 80082 A Mon.Site No. EPA-1	Permit Requirement				30.0 (Mo.Avg.)	45.0 (Weekly Avg.)	60 (Max)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				< 0.7				Ø		
PARM Code 00530 Y Mon.Site No. EPA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				0.6	0.6	0.7		Ø		
PARM Code 00530 A Mon.Site No. EPA-1	Permit Requirement				30.0 (Mo.Avg.)	45.0 (Weekly Avg.)	60 (Max)	MG/L		Every Two Weeks	8-hr. FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	697-4797	06-01-15

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

DISCHARGE MONITORING REPORT - PART A (Continued)

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: 1-01-06 To 1-31-06 PERMIT NUMBER: FLA014053

Parameter	Sample	Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample									
PARM Code 00400 A	Measurement		6.5	7.0						
Mon. Site No. EPA-1	Permit Requirement		6.0 (Min.)	8.5 (Max.)			SU		5 Days/Week	Grab
Coliform, Fecal	Sample									
PARM Code 74035 Y	Measurement		<1							
Mon. Site No. EPA-1	Permit Requirement		200 (Ar. Avg.)				#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample									
PARM Code 74035 A	Measurement		<1	<1	<1					
Mon. Site No. EPA-1	Permit Requirement		Report (No. Gen. Mean)	400 (90%)	800 (Max.)		#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample		1.1							
PARM Code 50060 A	Measurement		0.5 (Min.)							
Mon. Site No. EPA-1	Permit Requirement						MGL		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample									
PARM Code 00620 A	Measurement		0.30							
Mon. Site No. EPA-1	Permit Requirement		120 (Max.)				MGL		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample									
PARM Code 80092 G	Measurement		204							
Mon. Site No. INT-1	Permit Requirement		Report (No. Ave.)				MGL		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample		241							
PARM Code 00630 G	Measurement						MGL		Every Two Weeks	8-hr. FPC
Mon. Site No. INT-1	Permit Requirement		Report (No. Ave.)							
	Sample									
	Measurement									
	Permit Requirement									
	Sample									
	Measurement									
	Permit Requirement									
	Sample									
	Measurement									
	Permit Requirement									

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2549, Ft. Myers, FL, 33902-2549

PERMITTEE NAME: Utilities Incorporated of Sandalhaven
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014053

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Sandalhaven WWTP
LOCATION: 6811 Placida Road
Englewood, FL 34224

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC:

COUNTY: Charlotte

NO DISCHARGE FROM SITE: ☒
MONITORING PERIOD From: 1-01-06 To 1-31-06

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.096							Ø		
PARM Code 50050 Y	Permit Requirement	0.10 (An.Avg.)		MGD						5 Days/Week	Flow Totalizer
Mon.Site No. OTH-1A	Sample Measurement	0.090							Ø		
PARM Code 50050 P	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow Totalizer
Mon.Site No. OTH-1A	Sample Measurement				< 2				Ø		
BOD, Carbonaceous 5 day, 20C	Permit Requirement				200 (An.Avg.)			MG/L		Every Two Weeks	8-hr. FPC
PARM Code 80082 Y	Sample Measurement				< 2	< 2	< 2		Ø		
Mon.Site No. EPA-1	Permit Requirement				300 (Mo.Avg.)	45.0 (Weekly Avg.)	60 (Max)	MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				1.8				Ø		
PARM Code 80082 A	Permit Requirement				5.0 (Max)			MG/L		4 Days/Week	Grab
Mon.Site No. EFB-1	Sample Measurement				6.5	7.0			Ø		
Solids, Total Suspended	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
PARM Code 00530 B	Sample Measurement										
Mon.Site No. EFB-1	Permit Requirement										
pH	Sample Measurement										
PARM Code 00400 A	Permit Requirement										
Mon.Site No. EPA-1	Sample Measurement										

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Patrick Godwin Lead Operator	<i>Patrick Godwin</i>	697-4797	06-01-15

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Sandalhaven WWTP

MONITORING GROUP NUMBER: R-002

PERMIT NUMBER: FLA014053

MONITORING PERIOD

From:

1-01-06 To

1-31-06

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				<1				0		
PARM Code 74055 A	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.1				0		
PARM Code 50060 A	Permit Requirement				1.0 (Min.)			MGA		Continuous	Grab
Turbidity	Sample Measurement				1.55				0		
PARM Code 00070 B	Permit Requirement				(Max)			NTU		Continuous	Meter
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
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	Permit Requirement										

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DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA014053

From: 1-01-06To: 1-31-06

Facility: Sandalhaven WWTP

	Flow (MGD)	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)	pH (SU)	TRC (For Disinfect.) (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	CBOD5 (MG/L)	TSS (MG/L)	
Code	50050	50050	80082	00530	00400	50060	74055	00620	80082	00530	
Mon. Site	OTH-1A	OTH-1B	INF-1	INF-1	EPA-1	EPA-1	EPA-1	EPA-1	EPA-1	EPA-1	
1	0.100	Ø			6.5	4.7					
2	0.092	Ø			6.8	4.8					
3	0.091	Ø	170	356	6.8	4.2	<1	0.12	<2	<0.6	
4	0.091	Ø			6.9	4.4	<1				
5	0.090	Ø			6.9	4.3	<1				
6	0.082	Ø			7.0	3.9	<1				
7	0.081	Ø			6.7	4.6					
8	0.085	Ø			6.6	4.7					
9	0.089	Ø			6.6	4.7	<1				
10	0.085	Ø			6.7	3.8	<1				
11	0.096	Ø			6.6	3.7	<1				
12	0.090	Ø			6.6	3.3	<1				
13	0.097	Ø			6.7	3.7					
14	0.090	Ø			6.7	3.7					
15	0.084	Ø			6.6	4.3					
16	0.093	Ø			6.6	3.3	<1				
17	0.096	Ø	251	136	6.8	3.8	<1	0.14	<2	0.7	
18	0.100	Ø			6.8	4.0	<1				
19	0.095	Ø			6.7	4.7	<1				
20	0.093	Ø			6.8	4.1					
21	0.103	Ø			6.8	4.0					
22	0.095	Ø			6.6	4.1					
23	0.100	Ø			6.6	2.0	<1				
24	0.095	Ø			6.9	2.0	<1				
25	0.097	Ø			6.6	1.7	<1				
26	0.098	Ø			6.7	2.0	<1				
27	0.083	Ø			6.8	2.1					
28	0.064	Ø			6.8	1.3					
29	0.084	Ø			6.8	1.1					
30	0.092	Ø			6.7	2.3	<1				
31	0.073	Ø	190	232	6.8	5.0	<1	0.30	<2	<0.6	
Total	2.804	Ø									
Mo. Avg.	0.090	Ø	204	291	6.7	3.6	<1	0.19	<2	0.6	

PLANT STAFFING:

Day Shift Operator

Class: C

Certificate No:

0013850

Name:

Michael Monat

Evening Shift Operator

Class: C

Certificate No:

0013794

Name:

Ted Burleson

Night Shift Operator

Class:

Certificate No:

Name:

Lead Operator

Class: B

Certificate No:

0007518

Name:

Patrick Godwin

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Sandhaven WWTP
Englewood, Florida

Englewood, Florida

Month January Year 2006

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