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August 11, 2025
via efilng

Adam Teitzman, Commission Clerk
Office of Commission Clerk
Florida Public Service Commission
2540 Shumard Oak Blvd.
Tallahassee, FL 32399-0850

Re: Docket No. 20250084-SU – Application for staff-assisted rate case in Orange County by Gulfstream Utility LLC

Dear Mr. Teitzman:

On behalf of Gulfstream Utility LLC (“Gulfstream” or “Utility”) this letter are the responses to Staff’s First Data Request dated July 11, 2025

1. Purchased Wastewater: All utility related bills from the beginning of the test year to present, which include meter number and location, gallons used, dollars paid, and the utility’s account numbers.

RESPONSE: This documentation sent to the Auditors on Mon 6/30/2025 2:12 PM with subject line: Document/Record Request 9 – Submittal.

2. Purchased Power: All utility related electricity bills from the beginning of the test year to present, which include meter number and location, kilowatts used, dollars paid, and the electric company's account numbers.

RESPONSE: This documentation sent to the Auditors on Mon 6/30/2025 3:06 PM with subject line: Document/Record Request 8 – Submittal.

3. Chemicals: A list of all chemicals used in the treatment of wastewater, amounts purchased, quantity purchased, unit prices paid, and dosage rates utilized.

RESPONSE: This information sent to Auditors on Mon 6/30/2025 3:06 PM with subject line: Document/Record Request 8 – Submittal.

4. Sludge Removal Expenses: Provide a schedule showing the total cost and quantity of removing the sludge, if persons other than owners, stockholders, and employees of the utility perform such work during the test year.

RESPONSE: This information sent to Auditors on Mon 6/30/2025 2:12 PM with subject line: Document/Record Request 9 – Submittal.

5. Contractual Services – Testing: A list of tests along with costs paid to outside laboratories for testing the wastewater during the test year.

RESPONSE: This information was included in the service contract. Please see attached document “US Water WWTP operations contract Gulfstream Harbor 2010.”

6. Contractual Services – Other: The costs of operation and maintenance work not performed by utility employees, with an explanation of the type of work performed. These costs include the operator’s fee, mowing and grounds keeping, and contracted repair for the wastewater system.

RESPONSE: Please see attached document “US Water WWTP operations contract Gulfstream Harbor 2010.”

7. Transportation Expenses: A schedule of all vehicles by serial number and description, owned or leased by the utility, original cost or lease documents, whom the vehicles are assigned to, and an explanation of how they are allocated to the utility, or a copy of the log book showing miles on personal vehicles associated with utility business.

RESPONSE: This information sent to the Auditors on Wed 6/25/2025 3:35 PM with subject line: Document/Record Request 4 – Submittal. The vehicles are NOT allocated to the Utility as they are primarily used for the community operations, however, the reference to the Utility is being provided as they are utilized occasionally by the Utility.

8. Copies of discharge monitoring reports for wastewater from January 1, 2024, through December 31, 2024 (test year) in Microsoft Excel format, if available, which includes:

FOR WASTEWATER – Total treated, total wash water, total of each chemical in points, chemical dosage rates (average).

RESPONSE: The Discharge Monitoring Reports are attached as “DMRs 2024.” The Utility does not have them in Excel as pdf is the format in which they are filed.

9. Copy of monthly totals of wastewater sold for each month of the test year.

RESPONSE: *Water billed to sewer customers shown below:*

Bills Due	Billed Usage
2/1/2024	2,378,370.00
3/1/2024	2,349,510.00
4/1/2024	1,935,470.00
5/1/2024	2,284,710.00
6/1/2024	2,220,840.00
7/1/2024	2,298,930.00
8/1/2024	1,727,900.00
9/1/2024	2,206,330.00
10/1/2024	2,102,100.00
11/1/2024	2,271,870.00
12/1/2024	2,365,370.00
1/1/2025	2,328,590.00
Sewer Billed Total	26,469,990.00

10. A written summary, by permit number, of all Department of Environmental Protection, Water Management District, and/or County Health Department permits.

RESPONSE: *The only permit is: Wastewater Treatment Plant Operating Permit Number FLA010835, Expiration Date: 3/23/2030.*

11. If any plant addition has been made or will be required due to a written order from a governmental agency, please provide a copy of that order.

RESPONSE: *Not applicable.*

12. A list of all service complaints received during the test year and four years prior to the test year. Please include the date of complaint, an explanation of how each complaint was resolved, and the date of resolution.

RESPONSE: *Not applicable. No complaints in the last 5 years. The plant has only been regulated for the last approximately 3 years which is public information.*

13. A listing of all wastewater assets owned by the utility, including sewer piping, lift stations, etc.

Example: 200' – 8" PVC (Sewer)
250' – 6" PVC Pipe (Sewer)

RESPONSE: *The Utility does not have the specific pipe length/sizes. Related Composite Attachments: GSH Map, Gulf Stream Harbor Lift station locations, Gulf Stream Harbor Infrastructure and Utility Map and Gulf Stream Harbor Sewer line blue prints.*

14. Number of customers classified as to meter size and class (commercial or residential) for the following points in time:

a) A minimum of 4 years prior to the beginning of the test (or calendar last) year.

i. 2020 – **966 occupied sites**

ii. 2021 – **967 occupied sites**

iii. 2022 – **973 occupied sites**

iv. 2023 – **972 occupied sites**

b) The beginning of the last calendar year. **971 occupied sites**

c) The end of the last calendar year. **972 occupied sites**

d) Present. **969 occupied sites currently**

RESPONSE: Please see above customer numbers. All customer lots are residential.

15. Please provide a copy of the utility's engineering maps for wastewater showing location and size of wastewater mains throughout the service area and customer location and classification. On each map, please identify vacant customer lots, customer meter sizes, and lift stations.

RESPONSE: Related Composite Attachments: GSH Map, Gulf Stream Harbor Lift station locations, Gulf Stream Harbor Infrastructure and Utility Map and Gulf Stream Harbor Sewer line blue prints. NO current vacant lots.

16. Please fill out the spreadsheet attached concerning any pro forma items the utility is requesting. Please include any bid proposals or estimates for the pro forma items. If less than three bid proposals were requested for each pro forma item, please explain why.

RESPONSE: Related Attachment: "2025 Capital Project List Full Package."

Should you or Staff have any questions regarding this response please do not hesitate to contact me.

Very truly yours,

/s/ Martin S. Friedman

Martin Friedman

MSF:

Cc: Sebastian Olivieri (via email)



OPERATION SERVICES AGREEMENT

BETWEEN

AIOP GULFSTREAM HARBOR, L.L.C.

RE: Gulfstream Harbor WWTP

and

U.S. WATER SERVICES CORPORATION

THIS AGREEMENT is to commence on February 1, 2010, between U.S. WATER SERVICES CORPORATION, whose address is 4939 Cross Bayou Boulevard, New Port Richey, FL 34652, furthermore referred to as Contractor, and AIOP GULFSTREAM HARBOR, L.L.C., whose address is c/o American Land Lease, Inc., 380 Park Place Blvd., Suite 200, Clearwater, FL 33759, furthermore referred to as Owner.

IN CONSIDERATION of the mutual covenants contained herein and other valuable considerations, the sufficiency of which is hereby acknowledged by both parties regarding the details herein, the parties do hereby promise, covenant and agree as follows.

Contractor will provide operation services related to the wastewater treatment facility known as Gulfstream Harbor, which is owned by AIOP Gulfstream Harbor, L.L.C. and located at 4505 South Old Goldenrod Road, Orlando, FL 32822, in Orange County, as detailed below:

I. Operations and Monitoring

- (a) Contractor will provide required visits to the wastewater facility with certified wastewater treatment plant operator 6 days per week.
- (b) Contractor will provide weekly visits to the facility lift stations one day per week.

- (c) Contractor will coordinate lab activities: establish sampling procedures and test schedules.
- (d) Contractor will perform monthly/quarterly/annual compliance sampling for wastewater facility. Contractor will perform such testing necessary to maintain requirements required by the FDEP and the Orange County Health Department.
- (e) Contractor will perform water field-testing for: chlorine residual and flow calculations 6 days per week.
- (f) Contractor will prepare and maintain accurate and complete records on plant operation and laboratory data as required by the Florida Department of Environmental Protection (FDEP) and the Orange County Health Department; said records and reports are specifically identified as: (D.M.R.s, M.O.R.s, abnormal reports, malfunction reports, inclusive of response letters, and correspondence to agencies), contractor shall submit such reports to the appropriate agency, with copies to Owner.
- (g) Contractor will provide access control to lift station with security locks; Owner will be provided a key. A 24 hour emergency service is provided at (1-866-753-8292), required posting of emergency signs will be performed by the Contractor.
- (h) Regulatory agencies require that the Operational Contractor notify Owner of necessary repairs and if authorized by Owner, at Owner's expense, initiate corrective actions.
- (i) Contractor will coordinate with Owner for full compliance with applicable laws, rule, and regulations adopted or proposed by any governmental agency or regulatory body, both state and federal.

Payment Schedule

- I. **Operations and Monitoring - \$1,450.00 per month.** Monthly base operations will be billed in a lump sum at the beginning of each month for the services of that month.

TOTAL PER MONTH:

2010 - \$1,450.00

This proposal assumes prompt payment of all invoices. Any invoices remaining unpaid 30 days after issued, will be assessed interest at an interest rate of 1.5% per month, (18% annual). Should it become necessary to perform services or provide material outside those listed in items I.a – I.i above, we will provide you with a proposal, which must be accepted, signed and returned to us before we will undertake any such work. Any repairs required will be provided by written proposal and authorized by agent, except in cases of emergency, when prevailing Fee Schedule Rates will apply. Rates will be based on current rates depicted in Table I below material provided with 15% Contractor markup.

Indemnification

U.S. Water Services Corporation agrees to indemnify, defend, save, and hold harmless AIOP Gulfstream Harbor, L.L.C. from all claims, demands, liabilities and suites of any nature arising out of, because of, or due to any negligent act or failure to act by US Water Services Corporation, its subcontractors or any of the employees, agents or representatives of U.S. Water Services Corporation, to the extent permitted by law.

Insurance

Contractor will carry and maintain throughout the period of the contract at Contractor's sole expense, Commercial General & Professional Liability Insurance and Worker's Compensation. Contractor will comply with Owner's "Named Insurance Requirements."

Duration of Agreement

The stated term of this contract is for 12 months. Either party may cancel or terminate this contract for any reason with a thirty (30) day written notice prior to the end of the contract term. The Owner shall bring his account current upon notice of termination by either party.

Contractor reserves the right to cancel this agreement without thirty (30) days written notice if Owner's account becomes thirty (30) days past due. Any notices of cancellation shall be presented by certified mail to:

Owner

AIOP Gulfstream Harbor, L.L.C.
c/o American Land Lease, Inc.
380 Park Place Blvd., Suite 200
Clearwater, FL 33759

Contractor

U.S. Water Services Corporation
4939 Cross Bayou Boulevard
New Port Richey, FL 34652

Attorney's Fees

This Agreement may be enforced in any court of competent jurisdiction in Pasco County, Florida. The prevailing party in such action shall be entitled to award

and reasonable attorney's fees related to litigation. This includes, but is not limited to expenses incurred in any attempt to collect on this contract, interest accumulated, as well as court filing fees.

This proposal, consisting of 4 pages, and the attached 2-page Addendum represent the entire understanding between the Owner and Contractor in respect to the Project and may only be modified in writing, signed by both parties.

OWNER:

AIOP GULFSTREAM HARBOR, L.L.C.,

a Delaware limited liability company

BY: ASSET INVESTORS OPERATING PARTNERSHIP, L.P.,

a Delaware limited partnership, its sole Member

BY: AMERICAN LAND LEASE, INC.,

a Delaware corporation, its General Partner

By: Valerie Monsau

Name: VALERIE MONSAU

Title: REGIONAL MANAGER

Jan 8, 2010
Date

CONTRACTOR:

U.S. WATER SERVICES CORPORATION

By: Gary Deremer

President

1-12-2010
Date

ADDENDUM TO OPERATION

SERVICES AGREEMENT

GENERAL TERMS

CONTRACT Operation Services Agreement by and between Owner and Contractor

EFFECTIVE

DATE: February 1, 2010

OWNER: AIOP Gulfstream Harbor, L.L.C.
c/o American Land Lease, Inc.
380 Park Place Blvd., Suite 200
Clearwater, FL 33759
Attention: General Counsel
Telephone No.: (727) 726-8868
Facsimile No.: (727) 791-7920

CONTRACTOR: U.S. Water Services Corporation
4939 Cross Bayou Boulevard
New Port Richey, FL 34652
Contractor's Federal Tax ID Number: _____
Attention: Gary Deremer
Telephone No.: _____
Facsimile No.: _____

TERM: Commencing on February 1, 2010 and terminating on December 31, 2011
(the "Expiration Date") subject to earlier termination as may be provided
herein (the "Term").

This Addendum to Operation Services Agreement, including the above General Terms, and the Standard Terms and Conditions, attached (collectively, the "Addendum"), and the Contract constitute the entire agreement between Contractor and Owner regarding the subject matter hereof, and supersedes all prior negotiations and discussions. **In the event of any conflict between the Addendum and the Contract, the terms of the Addendum shall apply.**

This Addendum, dated as of the Effective Date, is between the undersigned parties.

CONTRACTOR:
U.S. WATER SERVICES CORPORATION

By: _____
Print Name: _____
Title: _____

OWNER:
AIOP GULFSTREAM HARBOR, L.L.C.,
a Delaware limited liability company
BY: ASSET INVESTORS OPERATING PARTNERSHIP, L.P.,
a Delaware limited partnership, its sole Member
BY: AMERICAN LAND LEASE, INC.,
a Delaware corporation, its General Partner

By: Valerie Monsau
Print Name: VALERIE MONSAU
Title: REGIONAL MANAGER

Jan 8, 2010

ADDENDUM TO OPERATION SERVICES AGREEMENT (STANDARD TERMS AND CONDITIONS)

This Addendum to Operation Services Agreement, which includes the preceding General Terms and these Standard Terms and Conditions (this "Addendum"), is made as of the Effective Date by and between Contractor and Owner.

1. **Independent Contractor:** Both Owner and Contractor intend and agree that Contractor's relationship to Owner is that of an independent contractor.
2. **Licenses, Permits:** Contractor shall be solely liable to obtain and maintain all applicable licenses and/or permits required by any governmental agency to perform the Services.
3. **Assignment:** Contractor may not assign, sell, or transfer the Contract, either directly or through change of direct or indirect ownership or control of Contractor, or any rights or obligations of Contractor hereunder in any way to any third party. Owner may in its sole discretion assign or transfer the Contract, or any rights hereunder, to any nominee of Owner or any other third party. Subject to the foregoing, the Contract shall extend to and shall bind or inure to the benefit not only of Owner and of Contractor, but also of their respective successors or assigns.
4. **Termination for Convenience:** Without limiting Owner's rights to terminate the Contract in the event of a default, Owner may terminate the Contract, at any time, and for any or no reason whatsoever, by giving Contractor not less than thirty (30) days advance written notice of same, which notice shall specify the effective date of early termination. Contractor shall receive compensation for all contract duties actually performed through the said effective date of early termination. Contractor shall not be entitled to any compensation with respect to any period after any such early termination or entitled to any payment for early termination except as set forth in this section. Owner shall have the sole and absolute right to terminate the Contract with less than thirty (30) advance written notice, so long as Owner compensates Contractor for all contract duties for the period between the date of notice and the thirtieth (30th) day thereof.
5. **Insurance:** While the Contract is in effect and until completion of any Service provided hereunder, Contractor, at its sole cost and expense, shall obtain and maintain all appropriate insurance coverages required by Law, including, without limitation, workers' compensation and disability insurance. Contractor shall also, at its sole cost and expense, maintain the following minimum insurance coverages: (a) comprehensive general liability insurance for bodily injury, death, and property damage with a per occurrence limit of at least \$2,000,000, with such policy to include broad form contractual liability, advertisers liability, protective liability and personal injury/property damage coverage; (b) worker's compensation and employer's liability coverage of at least \$500,000.00; (c) fidelity bond coverage of at least \$1,000,000; and (d) Commercial Automobile Liability Insurance for bodily injury, death, and property damage with a per occurrence limit of at least \$2,000,000. At Owner's request, Contractor shall promptly provide to Owner certificates from its insurers indicating the amount of insurance coverage, nature of such coverage, and expiration date of each applicable policy. The certificates shall indicate that the policy will not be changed or terminated without at least thirty (30) days' prior notice to Owner, shall also indicate that the insurer has waived its subrogation rights against Owner, and shall name Owner as an additional named insured with respect to Contractor's General Liability Policy.
6. **Attorneys' Fees:** In the event of litigation to interpret or enforce the terms of the Contract, the prevailing party shall be entitled to attorneys' fees as determined by the Court.
7. **Notice:** Any notice under the Contract will be in writing and delivered by personal delivery, overnight courier, or certified or registered mail, return receipt requested, and will be deemed given upon personal delivery, one (1) business day after deposit with an overnight courier, five (5) days after deposit in the mail. Notices will be sent to a party at its address set forth above or such other address as that party may specify in writing pursuant to this Section.

Amendment 2

Operation Services Agreement

THIS ADMENDNENT is made by **U.S. Water Services Corporation**, and **Sun Communities** parties to the agreement **Operation Services Agreement**.

Background

The Water Oak County Club Estates WTP No.2, after cleared for service by the Department, will be a Community Public Water System, with a rated design capacity of 1,238,400 gallons per day (GPD) (1.238MGD). After the construction of the WTP expansion and after it has been placed into operation, the plant will be classified as Category V Class C WTP (0.25 MGD up to 3 MGD). Staffing must be by a Class C or higher operator with 5 days per week and one visit each weekend for a total of 0.6 hours per week. The lead/chief operator must be Class Cor higher. The WTP shall be placed in service at the same time with the potable water distribution system to service the Water Oak County Club Estates Hilltop expansion.

Purpose:

Amend the existing contract to add Water Treatment Plant Operations for the newly built Water Oak County Club which includes required staffing, monthly Total Coliform and Annual Nitrate, Nitrite sampling. All other sampling will be invoiced with the existing contract Exhibits A and B.

Amend the existing contract to add the Monthly Service Fee Cost of New Service.

The Agreement is amended as follows:

- Increase the monthly service fee in the amount of \$1,120.88 per month to reflect operations of the new WTP #2
- Current Monthly Service is \$ 2,365.86
- Monthly Service Fee effective July 1, 2023, is \$ 3,486.74

Except as set forth in this Amendment, the Agreement is unaffected and shall continue in full force and effect in accordance with its terms. If there is conflict between this amendment and the Agreement or any earlier amendment, the terms of this amendment will prevail.

Client

Sun Communities

By: Amy Herndon 06/30/2023
Signature Date
Amy Herndon Divisional Vice President
Print Name and Title

Contractor

U.S. Water Services Corporation

By: Elmer M. Miller 6/22/23
Date
Senior Vice President and General Manager
Title

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Sun Communities, Inc. ADDRESS: 27777 Franklin Rd Suite 200 Southfield, MI 48034 FACILITY: Gulfstream Harbor WWTF LOCATION: 4505 S Goldenrod Rd Orlando, FL 32822 COUNTY: ORANGE				PERMIT NUMBER: FLA010835 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: R-001 DESCRIPTION: Rapid Infiltration Basins, including influent MONITORING PERIOD: From: 01/01/2024 To: 01/31/2024							
Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		0.032						0	5 Days/Week	Recording Flow Meter with Totalizer
PARM Code 50050 Y Add. Desc: Flow to R-001 Mon. Site: FLW-1	Permit Requirement		0.099 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow	Sample Measurement		0.015						0	5 Days/Week	Recording Flow Meter with Totalizer
PARM Code 50050 1 Add. Desc: Flow to R-001 Mon. Site: FLW-1	Permit Requirement		Report (Mo Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
BOD, Carbonaceous 5 day, 20C	Sample Measurement					4.5			0	1 Monthly	Grab
PARM Code 80082 Y Mon. Site: EFA-1	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4	4	4		0	1 Monthly	Grab
PARM Code 80082 A Mon. Site: EFA-1	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-1	Sample Measurement					13.6			0	1 Monthly	Grab
	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-1	Sample Measurement				29	29	29		0	1 Monthly	Grab
	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-1	Sample Measurement					425.5			1	1 Monthly	Grab
	Permit Requirement					200.0 (Annl Avg)		#/100mL		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-1	Sample Measurement					22	22		0	1 Monthly	Grab
	Permit Requirement					200.0 (Mo Geomn)	800.0 (Maximum)	#/100mL		(1 Monthly)	(Grab)
pH PARM Code 00400 A Mon. Site: EFA-1	Sample Measurement				7.3		7.5		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Chlorine, Total Residual	Sample Measurement				2				0	5 Days/Week	Grab
PARM Code 50060 A Add. Desc: For Disinfection Mon. Site: EFA-1	Permit Requirement				0.5 (Minimum)			mg/L		(5 Days/Week)	(Grab)
Nitrogen, Nitrate, Total (as N)	Sample Measurement						8.3		0	1 Monthly	Grab
PARM Code 00620 A Mon. Site: EFA-1	Permit Requirement						12.0 (Maximum)	mg/L		(1 Monthly)	(Grab)
Nitrogen, Total	Sample Measurement					19.99			0	1 Monthly	Grab
PARM Code 00600 Y Mon. Site: EFA-1	Permit Requirement					Report (Annl Avg)		mg/L		(1 Monthly)	(Grab)
Nitrogen, Total	Sample Measurement						11.9		0	1 Monthly	Grab
PARM Code 00600 A Mon. Site: EFA-1	Permit Requirement						Report (Mo Avg)	mg/L		(1 Monthly)	(Grab)
Phosphorus, Total (as P)	Sample Measurement					4.2			0	1 Monthly	Grab
PARM Code 00665 Y Mon. Site: EFA-1	Permit Requirement					Report (Annl Avg)		mg/L		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Phosphorus, Total (as P)	Sample Measurement						2.3		0	1 Monthly	Grab
PARM Code 00665 A Mon. Site: EFA-1	Permit Requirement						Report (Mo Avg)	mg/L		(1 Monthly)	(Grab)
Flow	Sample Measurement		0.032						0	5 Days/Week	Recording Flow Meter with Totalizer
PARM Code 50050 G Add. Desc: Flow thru plant Mon. Site: INF-1	Permit Requirement		0.099 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow	Sample Measurement	0.015	0.023						0	5 Days/Week	Recording Flow Meter with Totalizer
PARM Code 50050 P Add. Desc: Flow thru plant Mon. Site: INF-1	Permit Requirement	Report (Mo Avg)	Report (3MonAvg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Percent Capacity, (TMADF /Permitted Capacity) x 100	Sample Measurement						23		0	1 Monthly	Calculated
PARM Code 00180 P Mon. Site: CAL-1	Permit Requirement						Report (Mo Avg)	percent		(1 Monthly)	(Calculated)
BOD, Carbonaceous 5 day, 20C	Sample Measurement						220		0	1 Monthly	Grab
PARM Code 80082 G Add. Desc: Influent Mon. Site: INF-1	Permit Requirement						Report (Maximum)	mg/L		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 G Add. Desc: Influent Mon. Site: INF-1	Sample Measurement						304		0	1 Monthly	Grab
	Permit Requirement						Report (Maximum)	mg/L		(1 Monthly)	(Grab)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Tonya Luning	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed			TELEPHONE (727) 848-8292	SUBMITTED ON 02/09/2024

Parameter	Monitoring Site	Comments for Monitoring Group - R-001
74055 Y	EFA-1	The elevated Annual Average fecal coliform results were triggered with sample results received in 2022. The results for the last seven month were well below the permitted limits.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Sun Communities, Inc. ADDRESS: 27777 Franklin Rd Suite 200 Southfield, MI 48034 FACILITY: Gulfstream Harbor WWTF LOCATION: 4505 S Goldenrod Rd Orlando, FL 32822 COUNTY: ORANGE	PERMIT NUMBER: FLA010835 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q DESCRIPTION: Biosolids Quantity MONITORING PERIOD: From: 01/01/2024 To: 01/31/2024
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Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred)	Sample Measurement	0				0	1 Monthly	Calculated
PARM Code B0007 + Mon. Site: RMP-1	Permit Requirement	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)
Biosolids Quantity (Landfilled)	Sample Measurement	0				0	1 Monthly	Calculated
PARM Code B0008 + Mon. Site: RMP-1	Permit Requirement	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Tonya Luning	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed	TELEPHONE (727) 848-8292	SUBMITTED ON 02/09/2024
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DAILY SAMPLE RESULTS - PART B REVISED

Permit Number: FLA010835-004-DW2P

Facility: Gulfstream Harbor WWTF

Monitoring Period From: 01/01/2024 To: 01/31/2024

	BOD, Carbonaceous 5 day, 20C mg/L	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual (For Disinfection)	Coliform, Fecal #/100mL	Flow (Flow thru plant)	Flow (Flow to R-001)	Nitrogen, Nitrate, Total (as N) mg/L	Nitrogen, Total mg/L	Phosphorus, Total (as P) mg/L	Solids, Total Suspended (Influent) mg/L	Solids, Total Suspended mg/L
Code	80082	80082	50060	74055	50050	50050	00620	00600	00665	00530	00530
Mon. Site	INF-1	EFA-1	EFA-1	EFA-1	INF-1	FLW-1	EFA-1	EFA-1	EFA-1	INF-1	EFA-1
1					0.015	0.015					
2			2.9		0.015	0.015					
3			3.2		0.014	0.014					
4			3.6		0.014	0.014					
5			2.9		0.014	0.014					
6					0.014	0.014					
7			2.0		0.022	0.022					
8			2.4		0.013	0.013					
9			3.1		0.016	0.016					
10			3.6		0.015	0.015					
11			2.4		0.015	0.015					
12			3.2		0.014	0.014					
13					0.014	0.014					
14			3.0		0.020	0.020					
15	22	4	3.1	22	0.015	0.015	8.3	11.9	2.3	304	29
16			3.6		0.016	0.016					
17			3.2		0.013	0.013					
18			3.0		0.015	0.015					
19			3.4		0.012	0.012					
20					0.017	0.017					
21			2.0		0.019	0.019					
22			2.6		0.014	0.014					
23			3.3		0.015	0.015					
24			2.9		0.016	0.016					
25			3.2		0.015	0.015					
26			3.6		0.013	0.013					
27					0.013	0.013					
28			3.5		0.015	0.015					
29			3.6		0.011	0.011					
30			3.4		0.011	0.011					
31			3.0		0.016	0.016					
Total	22	4		22	0.461	0.461	8.3	11.9	2.3	304	29
Mo. Avg.	22	4		22	0.015	0.015	8.3	11.9	2.3	304	29

PLANT STAFFING:

Day Shift Operator	Class: <u>C</u>	Certificate No: <u>0026655</u>	Name: <u>Antinione Deon Tillmon</u>
Evening Shift Operator	Class: <u></u>	Certificate No: <u></u>	Name: <u></u>
Night Shift Operator	Class: <u></u>	Certificate No: <u></u>	Name: <u></u>
Lead Operator	Class: <u></u>	Certificate No: <u></u>	Name: <u></u>

DAILY SAMPLE RESULTS - PART B REVISED

Permit Number: FLA010835-004-DW2P

Facility: Gulfstream Harbor WWTF

Monitoring Period From: 01/01/2024 To: 01/31/2024

	pH s.u. L										
Code	00400										
Mon. Site	EFA-1										
1											
2	7.3										
3	7.4										
4	7.4										
5	7.5										
6											
7	7.5										
8	7.5										
9	7.4										
10	7.4										
11	7.4										
12	7.5										
13											
14	7.5										
15	7.5										
16	7.4										
17	7.4										
18	7.5										
19	7.4										
20											
21	7.3										
22	7.4										
23	7.5										
24	7.5										
25	7.4										
26	7.4										
27											
28	7.5										
29	7.4										
30	7.4										
31	7.4										
Total											
Mo. Avg.	7.3										

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 0026655 Name: Antinione Deon Tillmon

Evening Shift Operator Class: _____ Certificate No: _____ Name: _____

Night Shift Operator Class: _____ Certificate No: _____ Name: _____

Lead Operator Class: _____ Certificate No: _____ Name: _____

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Sun Communities Inc	PERMIT NUMBER: FLA010835
ADDRESS: 27777 Franklin Rd	LIMIT: FINAL REPORT: Monthly
Southfield, MI 48034	FACILITY TYPE: DW GROUP: Domestic
FACILITY: Gulfstream Harbor WWTF	MONITORING GROUP: R-001
LOCATION: 4505 S Goldenrod Rd	DESCRIPTION: Rapid Infiltration Basins, including influent
Orlando, FL 32822	
COUNTY: ORANGE	MONITORING PERIOD: From: 02/01/2024 To: 02/29/2024

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		0.031						0	5 Days/Week	Recording Flow Meter with Totalizer
PARM Code 50050 Y Add. Desc: Flow to R-001 Mon. Site: FLW-1	Permit Requirement		0.099 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow	Sample Measurement		0.019						0	5 Days/Week	Recording Flow Meter with Totalizer
PARM Code 50050 1 Add. Desc: Flow to R-001 Mon. Site: FLW-1	Permit Requirement		Report (Mo Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
BOD, Carbonaceous 5 day, 20C	Sample Measurement					4.4			0	1 Monthly	Grab
PARM Code 80082 Y Mon. Site: EFA-1	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4	4	4		0	1 Monthly	Grab
PARM Code 80082 A Mon. Site: EFA-1	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-1	Sample Measurement					15.4			0	1 Monthly	Grab
	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-1	Sample Measurement				19	19	19		0	1 Monthly	Grab
	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-1	Sample Measurement					427.4			1	1 Monthly	Grab
	Permit Requirement					200.0 (Annl Avg)		#/100mL		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-1	Sample Measurement					23	23		0	1 Monthly	Grab
	Permit Requirement					200.0 (Mo Geomn)	800.0 (Maximum)	#/100mL		(1 Monthly)	(Grab)
pH PARM Code 00400 A Mon. Site: EFA-1	Sample Measurement				7.3		7.5		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Chlorine, Total Residual	Sample Measurement				1				0	5 Days/Week	Grab
PARM Code 50060 A Add. Desc: For Disinfection Mon. Site: EFA-1	Permit Requirement				0.5 (Minimum)			mg/L		(5 Days/Week)	(Grab)
Nitrogen, Nitrate, Total (as N)	Sample Measurement						0.23		0	1 Monthly	Grab
PARM Code 00620 A Mon. Site: EFA-1	Permit Requirement						12.0 (Maximum)	mg/L		(1 Monthly)	(Grab)
Nitrogen, Total	Sample Measurement					19.16			0	1 Monthly	Grab
PARM Code 00600 Y Mon. Site: EFA-1	Permit Requirement					Report (Annl Avg)		mg/L		(1 Monthly)	(Grab)
Nitrogen, Total	Sample Measurement						18		0	1 Monthly	Grab
PARM Code 00600 A Mon. Site: EFA-1	Permit Requirement						Report (Mo Avg)	mg/L		(1 Monthly)	(Grab)
Phosphorus, Total (as P)	Sample Measurement					4.22			0	1 Monthly	Grab
PARM Code 00665 Y Mon. Site: EFA-1	Permit Requirement					Report (Annl Avg)		mg/L		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Phosphorus, Total (as P)	Sample Measurement						3.2		0	1 Monthly	Grab
PARM Code 00665 A Mon. Site: EFA-1	Permit Requirement						Report (Mo Avg)	mg/L		(1 Monthly)	(Grab)
Flow	Sample Measurement		0.031						0	5 Days/Week	Recording Flow Meter with Totalizer
PARM Code 50050 G Add. Desc: Flow thru plant Mon. Site: INF-1	Permit Requirement		0.099 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow	Sample Measurement	0.019	0.016						0	5 Days/Week	Recording Flow Meter with Totalizer
PARM Code 50050 P Add. Desc: Flow thru plant Mon. Site: INF-1	Permit Requirement	Report (Mo Avg)	Report (3MonAvg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Percent Capacity, (TMADF /Permitted Capacity) x 100	Sample Measurement						16		0	1 Monthly	Calculated
PARM Code 00180 P Mon. Site: CAL-1	Permit Requirement						Report (Mo Avg)	percent		(1 Monthly)	(Calculated)
BOD, Carbonaceous 5 day, 20C	Sample Measurement						98		0	1 Monthly	Grab
PARM Code 80082 G Add. Desc: Influent Mon. Site: INF-1	Permit Requirement						Report (Maximum)	mg/L		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 G Add. Desc: Influent Mon. Site: INF-1	Sample Measurement						589		0	1 Monthly	Grab
	Permit Requirement						Report (Maximum)	mg/L		(1 Monthly)	(Grab)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Tonya Luning	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed			TELEPHONE (727) 848-8292	SUBMITTED ON 03/13/2024

Parameter	Monitoring Site	Comments for Monitoring Group - R-001
74055 Y	EFA-1	The elevated Annual Average fecal coliform results were triggered with sample results received in 2022. The results for the last eight month were well below the permitted limits.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Sun Communities Inc ADDRESS: 27777 Franklin Rd Southfield, MI 48034				PERMIT NUMBER: FLA010835 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q			
FACILITY: Gulfstream Harbor WWTF LOCATION: 4505 S Goldenrod Rd Orlando, FL 32822				DESCRIPTION: Biosolids Quantity			
COUNTY: ORANGE				MONITORING PERIOD: From: 02/01/2024 To: 02/29/2024			

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred)	Sample Measurement	0.31				0	1 Monthly	Calculated
PARM Code B0007 + Mon. Site: RMP-1	Permit Requirement	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)
Biosolids Quantity (Landfilled)	Sample Measurement	0				0	1 Monthly	Calculated
PARM Code B0008 + Mon. Site: RMP-1	Permit Requirement	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Tonya Luning	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed	TELEPHONE (727) 848-8292	SUBMITTED ON 03/13/2024
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DAILY SAMPLE RESULTS - PART B REVISED

Permit Number: FLA010835-004-DW2P

Facility: Gulfstream Harbor WWTF

Monitoring Period From: 02/01/2024 To: 02/29/2024

	BOD, Carbonaceous 5 day, 20C mg/L	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual (For Disinfecti on)	Coliform, Fecal #/100mL	Flow (Flow thru plant)	Flow (Flow to R-001)	Nitrogen, Nitrate, Total (as N) mg/L	Nitrogen, Total mg/L	Phosphorus, Total (as P) mg/L	Solids, Total Suspended (Influent) mg/L	Solids, Total Suspended mg/L
Code	80082	80082	50060	74055	50050	50050	00620	00600	00665	00530	00530
Mon. Site	INF-1	EFA-1	EFA-1	EFA-1	INF-1	FLW-1	EFA-1	EFA-1	EFA-1	INF-1	EFA-1
1			3.2		0.016	0.016					
2					0.011	0.011					
3					0.011	0.011					
4			1.0		0.019	0.019					
5			2.1		0.014	0.014					
6			3.8		0.014	0.014					
7			3.2		0.012	0.012					
8			2.6		0.016	0.016					
9			3.2		0.011	0.011					
10					0.011	0.011					
11			3.0		0.019	0.019					
12			3.1		0.015	0.015					
13			2.9		0.012	0.012					
14					0.014	0.014					
15			1.8		0.014	0.014					
16			2.0		0.013	0.013					
17					0.013	0.013					
18			1.4		0.026	0.026					
19	589	4	1.9	23	0.016	0.016	0.23	18	3.2	98	19
20			2.1		0.018	0.018					
21			3.6		0.014	0.014					
22			2.5		0.019	0.019					
23			3.1		0.013	0.013					
24					0.013	0.013					
25			3.0		0.014	0.014					
26			3.1		0.046	0.046					
27			3.1		0.045	0.045					
28			1.6		0.038	0.038					
29			1.9		0.042	0.042					
30											
31											
Total	589	4		23	0.539	0.539	0.23	18	3.2	98	19
Mo. Avg.	589	4		23	0.019	0.019	0.23	18	3.2	98	19

PLANT STAFFING:

Day Shift Operator	Class: <u>C</u>	Certificate No: <u>0026655</u>	Name: <u>Antinione Deon Tillmon</u>
Evening Shift Operator	Class: <u> </u>	Certificate No: <u> </u>	Name: <u> </u>
Night Shift Operator	Class: <u> </u>	Certificate No: <u> </u>	Name: <u> </u>
Lead Operator	Class: <u> </u>	Certificate No: <u> </u>	Name: <u> </u>

DAILY SAMPLE RESULTS - PART B REVISED

Permit Number: FLA010835-004-DW2P

Facility: Gulfstream Harbor WWTF

Monitoring Period From: 02/01/2024 To: 02/29/2024

	pH s.u. L										
Code	00400										
Mon. Site	EFA-1										
1	7.3										
2											
3											
4	7.3										
5	7.4										
6	7.4										
7	7.5										
8	7.4										
9	7.4										
10											
11	7.4										
12	7.4										
13	7.4										
14											
15	7.5										
16	7.5										
17											
18	7.5										
19	7.3										
20	7.4										
21	7.5										
22	7.5										
23	7.5										
24											
25	7.4										
26	7.5										
27	7.5										
28	7.5										
29	7.4										
30											
31											
Total											
Mo. Avg.											

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 0026655 Name: Antinione Deon Tillmon

Evening Shift Operator Class: _____ Certificate No: _____ Name: _____

Night Shift Operator Class: _____ Certificate No: _____ Name: _____

Lead Operator Class: _____ Certificate No: _____ Name: _____

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Sun Communities Inc	PERMIT NUMBER: FLA010835
ADDRESS: 27777 Franklin Rd	LIMIT: FINAL REPORT: Monthly
Southfield, MI 48034	FACILITY TYPE: DW GROUP: Domestic
FACILITY: Gulfstream Harbor WWTF	MONITORING GROUP: R-001
LOCATION: 4505 S Goldenrod Rd	DESCRIPTION: Rapid Infiltration Basins, including influent
Orlando, FL 32822	
COUNTY: ORANGE	MONITORING PERIOD: From: 03/01/2024 To: 03/31/2024

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		0.031						0	5 Days/Week	Recording Flow Meter with Totalizer
PARM Code 50050 Y Add. Desc: Flow to R-001 Mon. Site: FLW-1	Permit Requirement		0.099 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow	Sample Measurement		0.041						0	5 Days/Week	Recording Flow Meter with Totalizer
PARM Code 50050 1 Add. Desc: Flow to R-001 Mon. Site: FLW-1	Permit Requirement		Report (Mo Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
BOD, Carbonaceous 5 day, 20C	Sample Measurement					4.3			0	1 Monthly	Grab
PARM Code 80082 Y Mon. Site: EFA-1	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2	<2	<2		0	1 Monthly	Grab
PARM Code 80082 A Mon. Site: EFA-1	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-1	Sample Measurement					16.3			0	1 Monthly	Grab
	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-1	Sample Measurement				10	10	10		0	1 Monthly	Grab
	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-1	Sample Measurement					227.5			1	1 Monthly	Grab
	Permit Requirement					200.0 (Annl Avg)		#/100mL		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-1	Sample Measurement					2	2		0	1 Monthly	Grab
	Permit Requirement					200.0 (Mo Geomn)	800.0 (Maximum)	#/100mL		(1 Monthly)	(Grab)
pH PARM Code 00400 A Mon. Site: EFA-1	Sample Measurement				7.4		7.5		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Chlorine, Total Residual	Sample Measurement				0.6				0	5 Days/Week	Grab
PARM Code 50060 A Add. Desc: For Disinfection Mon. Site: EFA-1	Permit Requirement				0.5 (Minimum)			mg/L		(5 Days/Week)	(Grab)
Nitrogen, Nitrate, Total (as N)	Sample Measurement						0.2		0	1 Monthly	Grab
PARM Code 00620 A Mon. Site: EFA-1	Permit Requirement						12.0 (Maximum)	mg/L		(1 Monthly)	(Grab)
Nitrogen, Total	Sample Measurement					17.1			0	1 Monthly	Grab
PARM Code 00600 Y Mon. Site: EFA-1	Permit Requirement					Report (Annl Avg)		mg/L		(1 Monthly)	(Grab)
Nitrogen, Total	Sample Measurement						13.3		0	1 Monthly	Grab
PARM Code 00600 A Mon. Site: EFA-1	Permit Requirement						Report (Mo Avg)	mg/L		(1 Monthly)	(Grab)
Phosphorus, Total (as P)	Sample Measurement					4.39			0	1 Monthly	Grab
PARM Code 00665 Y Mon. Site: EFA-1	Permit Requirement					Report (Annl Avg)		mg/L		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Phosphorus, Total (as P)	Sample Measurement						4.2		0	1 Monthly	Grab
PARM Code 00665 A Mon. Site: EFA-1	Permit Requirement						Report (Mo Avg)	mg/L		(1 Monthly)	(Grab)
Flow	Sample Measurement		0.031						0	5 Days/Week	Recording Flow Meter with Totalizer
PARM Code 50050 G Add. Desc: Flow thru plant Mon. Site: INF-1	Permit Requirement		0.099 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow	Sample Measurement	0.041	0.025						0	5 Days/Week	Recording Flow Meter with Totalizer
PARM Code 50050 P Add. Desc: Flow thru plant Mon. Site: INF-1	Permit Requirement	Report (Mo Avg)	Report (3MonAvg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Percent Capacity, (TMADF /Permitted Capacity) x 100	Sample Measurement						25		0	1 Monthly	Calculated
PARM Code 00180 P Mon. Site: CAL-1	Permit Requirement						Report (Mo Avg)	percent		(1 Monthly)	(Calculated)
BOD, Carbonaceous 5 day, 20C	Sample Measurement						354		0	1 Monthly	Grab
PARM Code 80082 G Add. Desc: Influent Mon. Site: INF-1	Permit Requirement						Report (Maximum)	mg/L		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 G Add. Desc: Influent Mon. Site: INF-1	Sample Measurement						110		0	1 Monthly	Grab
	Permit Requirement						Report (Maximum)	mg/L		(1 Monthly)	(Grab)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Tonya Luning	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed			TELEPHONE (727) 848-8292	SUBMITTED ON 04/11/2024

Parameter	Monitoring Site	Comments for Monitoring Group - R-001
74055 Y	EFA-1	The elevated Annual Average fecal coliform results were triggered with sample results received in 2022. The results for the last nine month were well below the permitted limits.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Sun Communities Inc ADDRESS: 27777 Franklin Rd Southfield, MI 48034				PERMIT NUMBER: FLA010835 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q			
FACILITY: Gulfstream Harbor WWTF LOCATION: 4505 S Goldenrod Rd Orlando, FL 32822				DESCRIPTION: Biosolids Quantity			
COUNTY: ORANGE				MONITORING PERIOD: From: 03/01/2024 To: 03/31/2024			

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred)	Sample Measurement	0				0	1 Monthly	Calculated
PARM Code B0007 + Mon. Site: RMP-1	Permit Requirement	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)
Biosolids Quantity (Landfilled)	Sample Measurement	0				0	1 Monthly	Calculated
PARM Code B0008 + Mon. Site: RMP-1	Permit Requirement	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Tonya Luning	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed	TELEPHONE (727) 848-8292	SUBMITTED ON 04/11/2024
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DAILY SAMPLE RESULTS - PART B REVISED

Permit Number: FLA010835-004-DW2P

Facility: Gulfstream Harbor WWTF

Monitoring Period From: 03/01/2024 TO: 03/31/2024

	BOD, Carbonaceous 5 day, 20C mg/L	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual (For Disinfection)	Coliform, Fecal #/100mL	Flow (Flow thru plant)	Flow (Flow to R-001)	Nitrogen, Nitrate, Total (as N) mg/L	Nitrogen, Total mg/L	Phosphorus, Total (as P) mg/L	Solids, Total Suspended (Influent) mg/L	Solids, Total Suspended mg/L
Code	80082	80082	50060	74055	50050	50050	00620	00600	00665	00530	00530
Mon. Site	INF-1	EFA-1	EFA-1	EFA-1	INF-1	FLW-1	EFA-1	EFA-1	EFA-1	INF-1	EFA-1
1			2.6		0.034	0.034					
2					0.034	0.034					
3			1.0		0.055	0.055					
4			3.1		0.040	0.040					
5			3.2		0.039	0.039					
6			3.6		0.039	0.039					
7			3.3		0.043	0.043					
8			3.2		0.038	0.038					
9					0.038	0.038					
10			2.2		0.050	0.050					
11			2.3		0.050	0.050					
12			1.0		0.023	0.023					
13			2.2		0.047	0.047					
14	351	<2	2.3	2	0.039	0.039	0.2	13.3	4.2	110	10
15			2.9		0.039	0.039					
16					0.039	0.039					
17			2.3		0.063	0.063					
18			2.3		0.038	0.038					
19			2.6		0.037	0.037					
20			2.4		0.027	0.027					
21			2.6		0.026	0.026					
22			2.4		0.043	0.043					
23					0.043	0.043					
24			2.0		0.050	0.050					
25			0.6		0.046	0.046					
26			2.0		0.040	0.040					
27			2.2		0.040	0.040					
28			3.3		0.036	0.036					
29			2.3		0.034	0.034					
30					0.034	0.034					
31					0.053	0.053					
Total	351	<2		2	1.257	1.257	0.2	13.3	4.2	110	10
Mo. Avg.	351	<2		2	0.041	0.041	0.2	13.3	4.2	110	10

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 0026655 Name: Antinione Deon Tillmon

Evening Shift Operator Class: Certificate No: Name:

Night Shift Operator Class: Certificate No: Name:

Lead Operator Class: Certificate No: Name:

DAILY SAMPLE RESULTS - PART B REVISED

Permit Number: FLA010835-004-DW2P

Facility: Gulfstream Harbor WWTF

Monitoring Period From: 03/01/2024 TO: 03/31/2024

	pH s.u. L										
Code	00400										
Mon. Site	EFA-1										
1	7.5										
2											
3	7.5										
4	7.5										
5	7.5										
6	7.5										
7	7.5										
8	7.5										
9											
10	7.4										
11	7.4										
12	7.4										
13	7.4										
14	7.5										
15	7.5										
16											
17	7.5										
18	7.4										
19	7.4										
20	7.5										
21	7.4										
22	7.4										
23											
24	7.4										
25	7.4										
26	7.5										
27	7.5										
28	7.4										
29	7.5										
30											
31											
Total											
Mo. Avg.											

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 0026655 Name: Antinione Deon Tillmon

Evening Shift Operator Class: _____ Certificate No: _____ Name: _____

Night Shift Operator Class: _____ Certificate No: _____ Name: _____

Lead Operator Class: _____ Certificate No: _____ Name: _____

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME:	Sun Mouse Mountain RV, LLC	PERMIT NUMBER:	FLA010835		
ADDRESS:	27777 Franklin Rd	LIMIT:	FINAL	REPORT:	Monthly
	Southfield, MI 48034	FACILITY TYPE:	DW	GROUP:	Domestic
		MONITORING GROUP:	R-001		
FACILITY:	Gulfstream Harbor WWTF				
LOCATION:	4505 S Goldenrod Rd	DESCRIPTION:	Rapid Infiltration Basins, including influent		
	Orlando, FL 32822				
COUNTY:	ORANGE	MONITORING PERIOD:	From: 04/01/2024 To: 04/30/2024		

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		0.032						0	5 Days/Week	Recording Flow Meter with Totalizer
PARM Code 50050 Y Add. Desc: Flow to R-001 Mon. Site: FLW-1	Permit Requirement		0.099 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow	Sample Measurement		0.040						0	5 Days/Week	Recording Flow Meter with Totalizer
PARM Code 50050 1 Add. Desc: Flow to R-001 Mon. Site: FLW-1	Permit Requirement		Report (Mo Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
BOD, Carbonaceous 5 day, 20C	Sample Measurement					4.3			0	1 Monthly	Grab
PARM Code 80082 Y Mon. Site: EFA-1	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2	<2	<2		0	1 Monthly	Grab
PARM Code 80082 A Mon. Site: EFA-1	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-1	Sample Measurement					15.7			0	1 Monthly	Grab
	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-1	Sample Measurement				9.4	9.4	9.4		0	1 Monthly	Grab
	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-1	Sample Measurement					222.9			1	1 Monthly	Grab
	Permit Requirement					200.0 (Annl Avg)		#/100mL		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-1	Sample Measurement					8.5	8.5		0	1 Monthly	Grab
	Permit Requirement					200.0 (Mo Geomn)	800.0 (Maximum)	#/100mL		(1 Monthly)	(Grab)
pH PARM Code 00400 A Mon. Site: EFA-1	Sample Measurement				7.2		7.7		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Chlorine, Total Residual	Sample Measurement				2.2				0	5 Days/Week	Grab
PARM Code 50060 A Add. Desc: For Disinfection Mon. Site: EFA-1	Permit Requirement				0.5 (Minimum)			mg/L		(5 Days/Week)	(Grab)
Nitrogen, Nitrate, Total (as N)	Sample Measurement						4.3		0	1 Monthly	Grab
PARM Code 00620 A Mon. Site: EFA-1	Permit Requirement						12.0 (Maximum)	mg/L		(1 Monthly)	(Grab)
Nitrogen, Total	Sample Measurement					14.9			0	1 Monthly	Grab
PARM Code 00600 Y Mon. Site: EFA-1	Permit Requirement					Report (Annl Avg)		mg/L		(1 Monthly)	(Grab)
Nitrogen, Total	Sample Measurement						6.86		0	1 Monthly	Grab
PARM Code 00600 A Mon. Site: EFA-1	Permit Requirement						Report (Mo Avg)	mg/L		(1 Monthly)	(Grab)
Phosphorus, Total (as P)	Sample Measurement					3.98			0	1 Monthly	Grab
PARM Code 00665 Y Mon. Site: EFA-1	Permit Requirement					Report (Annl Avg)		mg/L		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Phosphorus, Total (as P)	Sample Measurement						2.4		0	1 Monthly	Grab
PARM Code 00665 A Mon. Site: EFA-1	Permit Requirement						Report (Mo Avg)	mg/L		(1 Monthly)	(Grab)
Flow	Sample Measurement		0.032						0	5 Days/Week	Recording Flow Meter with Totalizer
PARM Code 50050 G Add. Desc: Flow thru plant Mon. Site: INF-1	Permit Requirement		0.099 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow	Sample Measurement	0.040	0.033						0	5 Days/Week	Recording Flow Meter with Totalizer
PARM Code 50050 P Add. Desc: Flow thru plant Mon. Site: INF-1	Permit Requirement	Report (Mo Avg)	Report (3MonAvg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Percent Capacity, (TMADF /Permitted Capacity) x 100	Sample Measurement						33		0	1 Monthly	Calculated
PARM Code 00180 P Mon. Site: CAL-1	Permit Requirement						Report (Mo Avg)	percent		(1 Monthly)	(Calculated)
BOD, Carbonaceous 5 day, 20C	Sample Measurement						202		0	1 Monthly	Grab
PARM Code 80082 G Add. Desc: Influent Mon. Site: INF-1	Permit Requirement						Report (Maximum)	mg/L		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 G Add. Desc: Influent Mon. Site: INF-1	Sample Measurement						68		0	1 Monthly	Grab
	Permit Requirement						Report (Maximum)	mg/L		(1 Monthly)	(Grab)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Tonya Luning	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed			TELEPHONE (727) 848-8292	SUBMITTED ON 05/13/2024

Parameter	Monitoring Site	Comments for Monitoring Group - R-001
74055 Y	EFA-1	The elevated Annual Average fecal coliform results were triggered with sample results received in 2022. The results for the last ten month were well below the permitted limits.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Sun Mouse Mountain RV, LLC ADDRESS: 27777 Franklin Rd Southfield, MI 48034 FACILITY: Gulfstream Harbor WWTF LOCATION: 4505 S Goldenrod Rd Orlando, FL 32822 COUNTY: ORANGE					PERMIT NUMBER: FLA010835 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q DESCRIPTION: Biosolids Quantity MONITORING PERIOD: From: 04/01/2024 To: 04/30/2024						
Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred)	Sample Measurement		0						0	1 Monthly	Calculated
PARM Code B0007 + Mon. Site: RMP-1	Permit Requirement		Report (Mo Total)	dry tons						(1 Monthly)	(Calculated)
Biosolids Quantity (Landfilled)	Sample Measurement		0						0	1 Monthly	Calculated
PARM Code B0008 + Mon. Site: RMP-1	Permit Requirement		Report (Mo Total)	dry tons						(1 Monthly)	(Calculated)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Tonya Luning	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.							SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed		TELEPHONE (727) 848-8292	SUBMITTED ON 05/13/2024

DAILY SAMPLE RESULTS - PART B REVISED

Permit Number: FLA010835-004-DW2P

Facility: Gulfstream Harbor WWTF

Monitoring Period From: 04/01/2024 To: 04/30/2024

	BOD, Carbonaceous 5 day, 20C mg/L	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual (For Disinfecti on)	Coliform, Fecal #/100mL	Flow (Flow thru plant)	Flow (Flow to R-001)	Nitrogen, Nitrate, Total (as N) mg/L	Nitrogen, Total mg/L	Phosphorus, Total (as P) mg/L	Solids, Total Suspended (Influent) mg/L	Solids, Total Suspended mg/L
Code	80082	80082	50060	74055	50050	50050	00620	00600	00665	00530	00530
Mon. Site	INF-1	EFA-1	EFA-1	EFA-1	INF-1	FLW-1	EFA-1	EFA-1	EFA-1	INF-1	EFA-1
1			3.1		0.042	0.042					
2			3.1		0.036	0.036					
3			3.3		0.040	0.040					
4			3.1		0.038	0.038					
5			3.0		0.042	0.042					
6					0.042	0.042					
7			2.8		0.072	0.072					
8			2.6		0.041	0.041					
9			2.2		0.036	0.036					
10			2.2		0.032	0.032					
11			2.3		0.040	0.040					
12			3.1		0.037	0.037					
13					0.037	0.037					
14			3.0		0.041	0.041					
15			2.3		0.041	0.041					
16			2.6		0.040	0.040					
17			3.1		0.037	0.037					
18	202	<2	3.2	8.5	0.038	0.038	4.3	6.86	2.4	68	9.4
19			3.8		0.025	0.025					
20					0.025	0.025					
21			3.1		0.051	0.051					
22			2.6		0.039	0.039					
23			2.9		0.037	0.037					
24			3.1		0.032	0.032					
25			2.8		0.064	0.064					
26					0.032	0.032					
27					0.032	0.032					
28			2.7		0.053	0.053					
29			2.5		0.038	0.038					
30			2.5		0.039	0.039					
31											
Total	202	<2		8.5	1.199	1.199	4.3	6.86	2.4	68	9.4
Mo. Avg.	202	<2		8.5	0.040	0.040	4.3	6.86	2.4	68	9.4

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 0026655 Name: Antinione Deon Tillmon

Evening Shift Operator Class: Certificate No: Name:

Night Shift Operator Class: Certificate No: Name:

Lead Operator Class: Certificate No: Name:

DAILY SAMPLE RESULTS - PART B REVISED

Permit Number: FLA010835-004-DW2P

Facility: Gulfstream Harbor WWTF

Monitoring Period From: 04/01/2024 To: 04/30/2024

	pH s.u. L										
Code	00400										
Mon. Site	EFA-1										
1	7.5										
2	7.5										
3	7.6										
4	7.2										
5	7.4										
6											
7	7.3										
8	7.3										
9	7.5										
10	7.5										
11	7.4										
12	7.7										
13											
14	7.4										
15	7.5										
16	7.5										
17	7.4										
18	7.4										
19	7.5										
20											
21	7.5										
22	7.5										
23	7.5										
24	7.5										
25	7.4										
26											
27											
28	7.4										
29	7.4										
30	7.5										
31											
Total											
Mo. Avg.											

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 0026655 Name: Antinione Deon Tillmon

Evening Shift Operator Class: _____ Certificate No: _____ Name: _____

Night Shift Operator Class: _____ Certificate No: _____ Name: _____

Lead Operator Class: _____ Certificate No: _____ Name: _____

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME:	Sun Mouse Mountain RV, LLC	PERMIT NUMBER:	FLA010835		
ADDRESS:	27777 Franklin Rd	LIMIT:	FINAL	REPORT:	Monthly
	Southfield, MI 48034	FACILITY TYPE:	DW	GROUP:	Domestic
		MONITORING GROUP:	R-001		
FACILITY:	Gulfstream Harbor WWTF				
LOCATION:	4505 S Goldenrod Rd	DESCRIPTION:	Rapid Infiltration Basins, including influent		
	Orlando, FL 32822				
COUNTY:	ORANGE	MONITORING PERIOD:	From: 05/01/2024 To: 05/31/2024		

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		0.032						0	5 Days/Week	Recording Flow Meter with Totalizer
PARM Code 50050 Y Add. Desc: Flow to R-001 Mon. Site: FLW-1	Permit Requirement		0.099 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow	Sample Measurement		0.038						0	5 Days/Week	Recording Flow Meter with Totalizer
PARM Code 50050 1 Add. Desc: Flow to R-001 Mon. Site: FLW-1	Permit Requirement		Report (Mo Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
BOD, Carbonaceous 5 day, 20C	Sample Measurement					3.5			0	1 Monthly	Grab
PARM Code 80082 Y Mon. Site: EFA-1	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.4	3.4	3.4		0	1 Monthly	Grab
PARM Code 80082 A Mon. Site: EFA-1	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-1	Sample Measurement					13.2			0	1 Monthly	Grab
	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-1	Sample Measurement				8.3	8.3	8.3		0	1 Monthly	Grab
	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-1	Sample Measurement					221.3			1	1 Monthly	Grab
	Permit Requirement					200.0 (Annl Avg)		#/100mL		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-1	Sample Measurement					3	3		0	1 Monthly	Grab
	Permit Requirement					200.0 (Mo Geomn)	800.0 (Maximum)	#/100mL		(1 Monthly)	(Grab)
pH PARM Code 00400 A Mon. Site: EFA-1	Sample Measurement				7.4		7.5		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Chlorine, Total Residual	Sample Measurement				1.2				0	5 Days/Week	Grab
PARM Code 50060 A Add. Desc: For Disinfection Mon. Site: EFA-1	Permit Requirement				0.5 (Minimum)			mg/L		(5 Days/Week)	(Grab)
Nitrogen, Nitrate, Total (as N)	Sample Measurement						3.5		0	1 Monthly	Grab
PARM Code 00620 A Mon. Site: EFA-1	Permit Requirement						12.0 (Maximum)	mg/L		(1 Monthly)	(Grab)
Nitrogen, Total	Sample Measurement					12.42			0	1 Monthly	Grab
PARM Code 00600 Y Mon. Site: EFA-1	Permit Requirement					Report (Annl Avg)		mg/L		(1 Monthly)	(Grab)
Nitrogen, Total	Sample Measurement						5.67		0	1 Monthly	Grab
PARM Code 00600 A Mon. Site: EFA-1	Permit Requirement						Report (Mo Avg)	mg/L		(1 Monthly)	(Grab)
Phosphorus, Total (as P)	Sample Measurement					3.83			0	1 Monthly	Grab
PARM Code 00665 Y Mon. Site: EFA-1	Permit Requirement					Report (Annl Avg)		mg/L		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Phosphorus, Total (as P)	Sample Measurement						4.8		0	1 Monthly	Grab
PARM Code 00665 A Mon. Site: EFA-1	Permit Requirement						Report (Mo Avg)	mg/L		(1 Monthly)	(Grab)
Flow	Sample Measurement		0.032						0	5 Days/Week	Recording Flow Meter with Totalizer
PARM Code 50050 G Add. Desc: Flow thru plant Mon. Site: INF-1	Permit Requirement		0.099 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow	Sample Measurement	0.038	0.04						0	5 Days/Week	Recording Flow Meter with Totalizer
PARM Code 50050 P Add. Desc: Flow thru plant Mon. Site: INF-1	Permit Requirement	Report (Mo Avg)	Report (3MonAvg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Percent Capacity, (TMADF /Permitted Capacity) x 100	Sample Measurement						40		0	1 Monthly	Calculated
PARM Code 00180 P Mon. Site: CAL-1	Permit Requirement						Report (Mo Avg)	percent		(1 Monthly)	(Calculated)
BOD, Carbonaceous 5 day, 20C	Sample Measurement						294		0	1 Monthly	Grab
PARM Code 80082 G Add. Desc: Influent Mon. Site: INF-1	Permit Requirement						Report (Maximum)	mg/L		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 G Add. Desc: Influent Mon. Site: INF-1	Sample Measurement						208		0	1 Monthly	Grab
	Permit Requirement						Report (Maximum)	mg/L		(1 Monthly)	(Grab)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Tonya Luning	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed			TELEPHONE (727) 848-8292	SUBMITTED ON 06/20/2024

Parameter	Monitoring Site	Comments for Monitoring Group - R-001
74055 Y	EFA-1	The elevated Annual Average fecal coliform results were triggered with sample results received in 2022. The results for the last eleven month were well below the permitted limits.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Sun Mouse Mountain RV, LLC ADDRESS: 27777 Franklin Rd Southfield, MI 48034 FACILITY: Gulfstream Harbor WWTF LOCATION: 4505 S Goldenrod Rd Orlando, FL 32822 COUNTY: ORANGE					PERMIT NUMBER: FLA010835 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q DESCRIPTION: Biosolids Quantity MONITORING PERIOD: From: 05/01/2024 To: 05/31/2024				
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Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred)	Sample Measurement	0.31				0	1 Monthly	Calculated
PARM Code B0007 + Mon. Site: RMP-1	Permit Requirement	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)
Biosolids Quantity (Landfilled)	Sample Measurement	0				0	1 Monthly	Calculated
PARM Code B0008 + Mon. Site: RMP-1	Permit Requirement	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Tonya Luning	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed	TELEPHONE (727) 848-8292	SUBMITTED ON 06/20/2024
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DAILY SAMPLE RESULTS - PART B REVISED

Permit Number: FLA010835-004-DW2P

Facility: Gulfstream Harbor WWTF

Monitoring Period From: 05/01/2024 To: 05/31/2024

	BOD, Carbonaceous 5 day, 20C mg/L	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual (For Disinfection)	Coliform, Fecal #/100mL	Flow (Flow thru plant)	Flow (Flow to R-001)	Nitrogen, Nitrate, Total (as N) mg/L	Nitrogen, Total mg/L	Phosphorus, Total (as P) mg/L	Solids, Total Suspended (Influent) mg/L	Solids, Total Suspended mg/L
Code	80082	80082	50060	74055	50050	50050	00620	00600	00665	00530	00530
Mon. Site	INF-1	EFA-1	EFA-1	EFA-1	INF-1	FLW-1	EFA-1	EFA-1	EFA-1	INF-1	EFA-1
1			2.6		0.035	0.035					
2			2.8		0.039	0.039					
3			2.6		0.029	0.029					
4					0.029	0.029					
5			2.4		0.055	0.055					
6			2.6		0.035	0.035					
7			2.6		0.037	0.037					
8			2.3		0.039	0.039					
9			2.6		0.037	0.037					
10			2.8		0.035	0.035					
11					0.035	0.035					
12			2.4		0.040	0.040					
13			2.6		0.029	0.029					
14			2.3		0.061	0.061					
15			2.1		0.038	0.038					
16	294	3.4	2.3	3	0.040	0.040	3.5	5.67	4.8	208	8.3
17			2.4		0.034	0.034					
18					0.034	0.034					
19			2.0		0.057	0.057					
20			2.3		0.037	0.037					
21			2.6		0.037	0.037					
22			2.3		0.042	0.042					
23			1.9		0.040	0.040					
24			2.1		0.027	0.027					
25					0.027	0.027					
26			2.0		0.034	0.034					
27			2.3		0.037	0.037					
28			1.6		0.054	0.054					
29			2.0		0.037	0.037					
30			1.8		0.034	0.034					
31			1.2		0.038	0.038					
Total	294	3.4		3	1.147	1.147	3.5	5.67	4.8	208	8.3
Mo. Avg.	294	3.4		3	0.038	0.038	3.5	5.67	4.8	208	8.3

PLANT STAFFING:

Day Shift Operator	Class: C	Certificate No: 26116	Name: Isaac Williams
Evening Shift Operator	Class: _____	Certificate No: _____	Name: _____
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: _____	Certificate No: _____	Name: _____

DAILY SAMPLE RESULTS - PART B REVISED

Permit Number: FLA010835-004-DW2P
Monitoring Period From: 05/01/2024 To: 05/31/2024

Facility: Gulfstream Harbor WWTF

	pH s.u. L										
Code	00400										
Mon. Site	EFA-1										
1	7.5										
2	7.5										
3	7.5										
4											
5	7.5										
6	7.4										
7	7.5										
8	7.5										
9	7.5										
10	7.5										
11											
12	7.5										
13	7.5										
14	7.4										
15	7.5										
16	7.5										
17	7.4										
18											
19	7.4										
20	7.5										
21	7.4										
22	7.4										
23	7.4										
24	7.4										
25											
26	7.4										
27	7.4										
28	7.4										
29	7.4										
30	7.4										
31	7.4										
Total	7.5										
Mo. Avg.	7.5										

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 26116 Name: Isaac Williams
Evening Shift Operator Class: _____ Certificate No: _____ Name: _____
Night Shift Operator Class: _____ Certificate No: _____ Name: _____
Lead Operator Class: _____ Certificate No: _____ Name: _____

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME:	SUN COMMUNITIES, INC.	PERMIT NUMBER:	FLA010835		
ADDRESS:	27777 Franklin Rd	LIMIT:	FINAL	REPORT:	Monthly
	Southfield, MI 48034	FACILITY TYPE:	DW	GROUP:	Domestic
		MONITORING GROUP:	R-001		
FACILITY:	Gulfstream Harbor WWTF	DESCRIPTION:	Rapid Infiltration Basins, including influent		
LOCATION:	4505 S Goldenrod Rd				
	Orlando, FL 32822				
COUNTY:	ORANGE	MONITORING PERIOD:	From: 06/01/2024 To: 06/30/2024		

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		0.033						0	5 Days/Week	Recording Flow Meter with Totalizer
PARM Code 50050 Y Add. Desc: Flow to R-001 Mon. Site: FLW-1	Permit Requirement		0.099 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow	Sample Measurement		0.042						0	5 Days/Week	Recording Flow Meter with Totalizer
PARM Code 50050 1 Add. Desc: Flow to R-001 Mon. Site: FLW-1	Permit Requirement		Report (Mo Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.8			0	1 Monthly	Grab
PARM Code 80082 Y Mon. Site: EFA-1	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2	<2	<2		0	1 Monthly	Grab
PARM Code 80082 A Mon. Site: EFA-1	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-1	Sample Measurement					12.1			0	1 Monthly	Grab
	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-1	Sample Measurement				7.6	7.6	7.6		0	1 Monthly	Grab
	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-1	Sample Measurement					44.7			0	1 Monthly	Grab
	Permit Requirement					200.0 (Annl Avg)		#/100mL		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-1	Sample Measurement					280	280		1	1 Monthly	Grab
	Permit Requirement					200.0 (Mo Geomn)	800.0 (Maximum)	#/100mL		(1 Monthly)	(Grab)
pH PARM Code 00400 A Mon. Site: EFA-1	Sample Measurement				7.4		7.4		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Chlorine, Total Residual	Sample Measurement				1				0	5 Days/Week	Grab
PARM Code 50060 A Add. Desc: For Disinfection Mon. Site: EFA-1	Permit Requirement				0.5 (Minimum)			mg/L		(5 Days/Week)	(Grab)
Nitrogen, Nitrate, Total (as N)	Sample Measurement						5.8		0	1 Monthly	Grab
PARM Code 00620 A Mon. Site: EFA-1	Permit Requirement						12.0 (Maximum)	mg/L		(1 Monthly)	(Grab)
Nitrogen, Total	Sample Measurement					11.5			0	1 Monthly	Grab
PARM Code 00600 Y Mon. Site: EFA-1	Permit Requirement					Report (Annl Avg)		mg/L		(1 Monthly)	(Grab)
Nitrogen, Total	Sample Measurement						10.2		0	1 Monthly	Grab
PARM Code 00600 A Mon. Site: EFA-1	Permit Requirement						Report (Mo Avg)	mg/L		(1 Monthly)	(Grab)
Phosphorus, Total (as P)	Sample Measurement					3.95			0	1 Monthly	Grab
PARM Code 00665 Y Mon. Site: EFA-1	Permit Requirement					Report (Annl Avg)		mg/L		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Phosphorus, Total (as P)	Sample Measurement						7.6		0	1 Monthly	Grab
PARM Code 00665 A Mon. Site: EFA-1	Permit Requirement						Report (Mo Avg)	mg/L		(1 Monthly)	(Grab)
Flow	Sample Measurement		0.033						0	5 Days/Week	Recording Flow Meter with Totalizer
PARM Code 50050 G Add. Desc: Flow thru plant Mon. Site: INF-1	Permit Requirement		0.099 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow	Sample Measurement	0.042	0.04						0	5 Days/Week	Recording Flow Meter with Totalizer
PARM Code 50050 P Add. Desc: Flow thru plant Mon. Site: INF-1	Permit Requirement	Report (Mo Avg)	Report (3MonAvg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Percent Capacity, (TMADF /Permitted Capacity) x 100	Sample Measurement						40		0	1 Monthly	Calculated
PARM Code 00180 P Mon. Site: CAL-1	Permit Requirement						Report (Mo Avg)	percent		(1 Monthly)	(Calculated)
BOD, Carbonaceous 5 day, 20C	Sample Measurement						125		0	1 Monthly	Grab
PARM Code 80082 G Add. Desc: Influent Mon. Site: INF-1	Permit Requirement						Report (Maximum)	mg/L		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement						114		0	1 Monthly	Grab
PARM Code 00530 G Add. Desc: Influent Mon. Site: INF-1	Permit Requirement						Report (Maximum)	mg/L		(1 Monthly)	(Grab)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Tonya Luning	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed			TELEPHONE (727) 848-8292	SUBMITTED ON 07/26/2024

Parameter	Monitoring Site	Comments for Monitoring Group - R-001
74055 A	EFA-1	The exact cause of the elevated Fecal coliform result received in June 2024 is unknown, all additional parameters collected on the same date and time were well within permitted limits. The TRC on the date of sampling was a 1.8 mg/L. A review of the previous 12 months of monitoring no additional fecal coliform exceedances are noted, we will continue to monitor and report as required.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: SUN COMMUNITIES, INC. ADDRESS: 27777 Franklin Rd Southfield, MI 48034 FACILITY: Gulfstream Harbor WWTF LOCATION: 4505 S Goldenrod Rd Orlando, FL 32822 COUNTY: ORANGE					PERMIT NUMBER: FLA010835 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q DESCRIPTION: Biosolids Quantity MONITORING PERIOD: From: 06/01/2024 To: 06/30/2024				
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Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred)	Sample Measurement	0.63				0	1 Monthly	Calculated
PARM Code B0007 + Mon. Site: RMP-1	Permit Requirement	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)
Biosolids Quantity (Landfilled)	Sample Measurement	0				0	1 Monthly	Calculated
PARM Code B0008 + Mon. Site: RMP-1	Permit Requirement	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Tonya Luning	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed	TELEPHONE (727) 848-8292	SUBMITTED ON 07/26/2024
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DAILY SAMPLE RESULTS - PART B REVISED

Permit Number: FLA010835-004-DW2P

Facility: Gulfstream Harbor WWTF

Monitoring Period From: 06/01/2024 To: 06/30/2024

	BOD, Carbonaceous 5 day, 20C mg/L	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual (For Disinfection)	Coliform, Fecal #/100mL	Flow (Flow thru plant)	Flow (Flow to R-001)	Nitrogen, Nitrate, Total (as N) mg/L	Nitrogen, Total mg/L	Phosphorus, Total (as P) mg/L	Solids, Total Suspended (Influent) mg/L	Solids, Total Suspended mg/L
Code	80082	80082	50060	74055	50050	50050	00620	00600	00665	00530	00530
Mon. Site	INF-1	EFA-1	EFA-1	EFA-1	INF-1	FLW-1	EFA-1	EFA-1	EFA-1	INF-1	EFA-1
1					0.028	0.028					
2			1.2		0.037	0.037					
3			1.2		0.034	0.034					
4			1.8		0.035	0.035					
5			2.1		0.042	0.042					
6			1.6		0.042	0.042					
7			1.2		0.038	0.038					
8					0.038	0.038					
9			1.3		0.041	0.041					
10			1.0		0.045	0.045					
11			2.1		0.045	0.045					
12	125	<2	1.8	280	0.045	0.045	5.8	10.2	7.6	114	7.6
13			1.0		0.042	0.042					
14			1.8		0.044	0.044					
15					0.044	0.044					
16			3.7		0.038	0.038					
17			2.0		0.065	0.065					
18			1.6		0.045	0.045					
19			1.1		0.033	0.033					
20			1.2		0.033	0.033					
21			1.1		0.039	0.039					
22					0.039	0.039					
23			1.1		0.058	0.058					
24			1.2		0.038	0.038					
25			2.1		0.035	0.035					
26			2.3		0.066	0.066					
27			1.6		0.061	0.061					
28			1.6		0.034	0.034					
29					0.034	0.034					
30			1.7		0.038	0.038					
31											
Total	125	<2		280	1.256	1.256	5.8	10.2	7.6	114	7.6
Mo. Avg.	125	<2		280	0.042	0.042	5.8	10.2	7.6	114	7.6

PLANT STAFFING:

Day Shift Operator	Class: <u>C</u>	Certificate No: <u>26028</u>	Name: <u>Thomas Wheeler</u>
Evening Shift Operator	Class: <u> </u>	Certificate No: <u> </u>	Name: <u> </u>
Night Shift Operator	Class: <u> </u>	Certificate No: <u> </u>	Name: <u> </u>
Lead Operator	Class: <u> </u>	Certificate No: <u> </u>	Name: <u> </u>

DAILY SAMPLE RESULTS - PART B REVISED

Permit Number: FLA010835-004-DW2P

Facility: Gulfstream Harbor WWTF

Monitoring Period From: 06/01/2024 To: 06/30/2024

	pH s.u. L										
Code	00400										
Mon. Site	EFA-1										
1											
2	7.4										
3	7.4										
4	7.4										
5	7.4										
6	7.4										
7	7.4										
8											
9	7.4										
10	7.4										
11	7.4										
12	7.4										
13	7.4										
14	7.4										
15											
16	7.4										
17	7.4										
18	7.4										
19	7.4										
20	7.4										
21	7.4										
22											
23	7.4										
24	7.4										
25	7.4										
26	7.4										
27	7.4										
28	7.4										
29											
30	7.4										
31											
Total											
Mo. Avg.											

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 26028 Name: Thomas Wheeler

Evening Shift Operator Class: Certificate No: Name:

Night Shift Operator Class: Certificate No: Name:

Lead Operator Class: Certificate No: Name:

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME:	SUN COMMUNITIES, INC.	PERMIT NUMBER:	FLA010835		
ADDRESS:	27777 Franklin Rd	LIMIT:	FINAL	REPORT:	Monthly
	Southfield, MI 48034	FACILITY TYPE:	DW	GROUP:	Domestic
		MONITORING GROUP:	R-001		
FACILITY:	Gulfstream Harbor WWTF	DESCRIPTION:	Rapid Infiltration Basins, including influent		
LOCATION:	4505 S Goldenrod Rd				
	Orlando, FL 32822				
COUNTY:	ORANGE	MONITORING PERIOD:	From: 07/01/2024 To: 07/31/2024		

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		0.034						0	5 Days/Week	Recording Flow Meter with Totalizer
PARM Code 50050 Y Add. Desc: Flow to R-001 Mon. Site: FLW-1	Permit Requirement		0.099 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow	Sample Measurement		0.040						0	5 Days/Week	Recording Flow Meter with Totalizer
PARM Code 50050 1 Add. Desc: Flow to R-001 Mon. Site: FLW-1	Permit Requirement		Report (Mo Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.8			0	1 Monthly	Grab
PARM Code 80082 Y Mon. Site: EFA-1	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2	<2	<2		0	1 Monthly	Grab
PARM Code 80082 A Mon. Site: EFA-1	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-1	Sample Measurement					12.4			0	1 Monthly	Grab
	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-1	Sample Measurement				5.4	5.4	5.4		0	1 Monthly	Grab
	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-1	Sample Measurement					48.8			0	1 Monthly	Grab
	Permit Requirement					200.0 (Annl Avg)		#/100mL		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-1	Sample Measurement					170	170		0	1 Monthly	Grab
	Permit Requirement					200.0 (Mo Geomn)	800.0 (Maximum)	#/100mL		(1 Monthly)	(Grab)
pH PARM Code 00400 A Mon. Site: EFA-1	Sample Measurement				7.2		7.4		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Chlorine, Total Residual	Sample Measurement				1				0	5 Days/Week	Grab
PARM Code 50060 A Add. Desc: For Disinfection Mon. Site: EFA-1	Permit Requirement				0.5 (Minimum)			mg/L		(5 Days/Week)	(Grab)
Nitrogen, Nitrate, Total (as N)	Sample Measurement						0.088		0	1 Monthly	Grab
PARM Code 00620 A Mon. Site: EFA-1	Permit Requirement						12.0 (Maximum)	mg/L		(1 Monthly)	(Grab)
Nitrogen, Total	Sample Measurement					11.44			0	1 Monthly	Grab
PARM Code 00600 Y Mon. Site: EFA-1	Permit Requirement					Report (Annl Avg)		mg/L		(1 Monthly)	(Grab)
Nitrogen, Total	Sample Measurement						7.85		0	1 Monthly	Grab
PARM Code 00600 A Mon. Site: EFA-1	Permit Requirement						Report (Mo Avg)	mg/L		(1 Monthly)	(Grab)
Phosphorus, Total (as P)	Sample Measurement					3.87			0	1 Monthly	Grab
PARM Code 00665 Y Mon. Site: EFA-1	Permit Requirement					Report (Annl Avg)		mg/L		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Phosphorus, Total (as P)	Sample Measurement						3.9		0	1 Monthly	Grab
PARM Code 00665 A Mon. Site: EFA-1	Permit Requirement						Report (Mo Avg)	mg/L		(1 Monthly)	(Grab)
Flow	Sample Measurement		0.034						0	5 Days/Week	Recording Flow Meter with Totalizer
PARM Code 50050 G Add. Desc: Flow thru plant Mon. Site: INF-1	Permit Requirement		0.099 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow	Sample Measurement	0.040	0.040						0	5 Days/Week	Recording Flow Meter with Totalizer
PARM Code 50050 P Add. Desc: Flow thru plant Mon. Site: INF-1	Permit Requirement	Report (Mo Avg)	Report (3MonAvg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Percent Capacity, (TMADF /Permitted Capacity) x 100	Sample Measurement						40		0	1 Monthly	Calculated
PARM Code 00180 P Mon. Site: CAL-1	Permit Requirement						Report (Mo Avg)	percent		(1 Monthly)	(Calculated)
BOD, Carbonaceous 5 day, 20C	Sample Measurement						134		0	1 Monthly	Grab
PARM Code 80082 G Add. Desc: Influent Mon. Site: INF-1	Permit Requirement						Report (Maximum)	mg/L		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 G Add. Desc: Influent Mon. Site: INF-1	Sample Measurement						58		0	1 Monthly	Grab
	Permit Requirement						Report (Maximum)	mg/L		(1 Monthly)	(Grab)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Tonya Luning	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed			TELEPHONE (727) 848-8292	SUBMITTED ON 08/23/2024

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: SUN COMMUNITIES, INC. ADDRESS: 27777 Franklin Rd Southfield, MI 48034 FACILITY: Gulfstream Harbor WWTF LOCATION: 4505 S Goldenrod Rd Orlando, FL 32822 COUNTY: ORANGE				PERMIT NUMBER: FLA010835 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q DESCRIPTION: Biosolids Quantity MONITORING PERIOD: From: 07/01/2024 To: 07/31/2024			
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Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred)	Sample Measurement	0.94				0	1 Monthly	Calculated
PARM Code B0007 + Mon. Site: RMP-1	Permit Requirement	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)
Biosolids Quantity (Landfilled)	Sample Measurement	0				0	1 Monthly	Calculated
PARM Code B0008 + Mon. Site: RMP-1	Permit Requirement	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Tonya Luning	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed	TELEPHONE (727) 848-8292	SUBMITTED ON 08/23/2024
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DAILY SAMPLE RESULTS - PART B REVISED

Permit Number: FLA010835-004-DW2P

Facility: Gulfstream Harbor WWTF

Monitoring Period From: 07/01/2024 To: 07/31/2024

	BOD, Carbonaceous 5 day, 20C mg/L	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual (For Disinfecti on)	Coliform, Fecal #/100mL	Flow (Flow thru plant)	Flow (Flow to R-001)	Nitrogen, Nitrate, Total (as N) mg/L	Nitrogen, Total mg/L	Phosphorus, Total (as P) mg/L	Solids, Total Suspended (Influent) mg/L	Solids, Total Suspended mg/L
Code	80082	80082	50060	74055	50050	50050	00620	00600	00665	00530	00530
Mon. Site	INF-1	EFA-1	EFA-1	EFA-1	INF-1	FLW-1	EFA-1	EFA-1	EFA-1	INF-1	EFA-1
1			1.7		0.046	0.046					
2			1.6		0.044	0.044					
3			1.9		0.041	0.041					
4			1.9		0.041	0.041					
5			1.1		0.039	0.039					
6					0.039	0.039					
7			1.0		0.033	0.033					
8			1.9		0.031	0.031					
9			1.8		0.056	0.056					
10			1.7		0.041	0.041					
11			1.6		0.043	0.043					
12			1.4		0.044	0.044					
13					0.044	0.044					
14			1.2		0.031	0.031					
15			1.2		0.030	0.030					
16	<2	134	1.7	170	0.069	0.069	0.088	7.85	3.90	58	5.4
17			1.6		0.018	0.018					
18			1.6		0.040	0.040					
19			1.6		0.041	0.041					
20					0.041	0.041					
21			2.1		0.041	0.041					
22			1.0		0.039	0.039					
23			2.0		0.035	0.035					
24			1.9		0.035	0.035					
25			1.8		0.037	0.037					
26			1.9		0.048	0.048					
27					0.048	0.048					
28			2.0		0.028	0.028					
29			1.9		0.038	0.038					
30			1.9		0.040	0.040					
31			1.7		0.039	0.039					
Total	<2	134		170	1.240	1.240	0.088	7.85	3.90	58	5.4
Mo. Avg.	<2	134		170	0.040	0.040	0.088	7.85	3.90	58	5.4

PLANT STAFFING:

Day Shift Operator	Class: <u>C</u>	Certificate No: <u>0026655</u>	Name: <u>Antinione Deon Tillmon</u>
Evening Shift Operator	Class: <u></u>	Certificate No: <u></u>	Name: <u></u>
Night Shift Operator	Class: <u></u>	Certificate No: <u></u>	Name: <u></u>
Lead Operator	Class: <u></u>	Certificate No: <u></u>	Name: <u></u>

DAILY SAMPLE RESULTS - PART B REVISED

Permit Number: FLA010835-004-DW2P

Facility: Gulfstream Harbor WWTF

Monitoring Period From: 07/01/2024 To: 07/31/2024

	pH s.u. L										
Code	00400										
Mon. Site	EFA-1										
1	7.4										
2	7.4										
3	7.4										
4	7.4										
5	7.4										
6											
7	7.4										
8	7.4										
9	7.4										
10	7.4										
11	7.4										
12	7.4										
13											
14	7.4										
15	7.4										
16	7.4										
17	7.4										
18	7.4										
19	7.4										
20											
21	7.4										
22	7.4										
23	7.4										
24	7.4										
25	7.4										
26	7.4										
27											
28	7.2										
29	7.4										
30	7.4										
31	7.4										
Total											
Mo. Avg.											

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 0026655 Name: Antinione Deon Tillmon

Evening Shift Operator Class: _____ Certificate No: _____ Name: _____

Night Shift Operator Class: _____ Certificate No: _____ Name: _____

Lead Operator Class: _____ Certificate No: _____ Name: _____

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME:	SUN COMMUNITIES, INC.	PERMIT NUMBER:	FLA010835		
ADDRESS:	27777 Franklin Rd	LIMIT:	FINAL	REPORT:	Monthly
	Southfield, MI 48034	FACILITY TYPE:	DW	GROUP:	Domestic
		MONITORING GROUP:	R-001		
FACILITY:	Gulfstream Harbor WWTF	DESCRIPTION:	Rapid Infiltration Basins, including influent		
LOCATION:	4505 S Goldenrod Rd				
	Orlando, FL 32822				
COUNTY:	ORANGE	MONITORING PERIOD:	From: 08/01/2024 To: 08/31/2024		

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		0.035						0	5 Days/Week	Recording Flow Meter with Totalizer
PARM Code 50050 Y Add. Desc: Flow to R-001 Mon. Site: FLW-1	Permit Requirement		0.099 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow	Sample Measurement		0.045						0	5 Days/Week	Recording Flow Meter with Totalizer
PARM Code 50050 1 Add. Desc: Flow to R-001 Mon. Site: FLW-1	Permit Requirement		Report (Mo Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.5			0	1 Monthly	Grab
PARM Code 80082 Y Mon. Site: EFA-1	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.3	2.3	2.3		0	1 Monthly	Grab
PARM Code 80082 A Mon. Site: EFA-1	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-1	Sample Measurement					11.8			0	1 Monthly	Grab
	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-1	Sample Measurement				14	14	14		0	1 Monthly	Grab
	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-1	Sample Measurement					58.1			0	1 Monthly	Grab
	Permit Requirement					200.0 (Annl Avg)		#/100mL		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-1	Sample Measurement					120	120		0	1 Monthly	Grab
	Permit Requirement					200.0 (Mo Geomn)	800.0 (Maximum)	#/100mL		(1 Monthly)	(Grab)
pH PARM Code 00400 A Mon. Site: EFA-1	Sample Measurement				7.4		7.5		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Chlorine, Total Residual	Sample Measurement				1.8				0	5 Days/Week	Grab
PARM Code 50060 A Add. Desc: For Disinfection Mon. Site: EFA-1	Permit Requirement				0.5 (Minimum)			mg/L		(5 Days/Week)	(Grab)
Nitrogen, Nitrate, Total (as N)	Sample Measurement						6		0	1 Monthly	Grab
PARM Code 00620 A Mon. Site: EFA-1	Permit Requirement						12.0 (Maximum)	mg/L		(1 Monthly)	(Grab)
Nitrogen, Total	Sample Measurement					10.25			0	1 Monthly	Grab
PARM Code 00600 Y Mon. Site: EFA-1	Permit Requirement					Report (Annl Avg)		mg/L		(1 Monthly)	(Grab)
Nitrogen, Total	Sample Measurement						7.16		0	1 Monthly	Grab
PARM Code 00600 A Mon. Site: EFA-1	Permit Requirement						Report (Mo Avg)	mg/L		(1 Monthly)	(Grab)
Phosphorus, Total (as P)	Sample Measurement					4.13			0	1 Monthly	Grab
PARM Code 00665 Y Mon. Site: EFA-1	Permit Requirement					Report (Annl Avg)		mg/L		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Phosphorus, Total (as P)	Sample Measurement						8.3		0	1 Monthly	Grab
PARM Code 00665 A Mon. Site: EFA-1	Permit Requirement						Report (Mo Avg)	mg/L		(1 Monthly)	(Grab)
Flow	Sample Measurement		0.035						0	5 Days/Week	Recording Flow Meter with Totalizer
PARM Code 50050 G Add. Desc: Flow thru plant Mon. Site: INF-1	Permit Requirement		0.099 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow	Sample Measurement	0.045	0.042						0	5 Days/Week	Recording Flow Meter with Totalizer
PARM Code 50050 P Add. Desc: Flow thru plant Mon. Site: INF-1	Permit Requirement	Report (Mo Avg)	Report (3MonAvg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Percent Capacity, (TMADF /Permitted Capacity) x 100	Sample Measurement						42		0	1 Monthly	Calculated
PARM Code 00180 P Mon. Site: CAL-1	Permit Requirement						Report (Mo Avg)	percent		(1 Monthly)	(Calculated)
BOD, Carbonaceous 5 day, 20C	Sample Measurement						65		0	1 Monthly	Grab
PARM Code 80082 G Add. Desc: Influent Mon. Site: INF-1	Permit Requirement						Report (Maximum)	mg/L		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 G Add. Desc: Influent Mon. Site: INF-1	Sample Measurement						168		0	1 Monthly	Grab
	Permit Requirement						Report (Maximum)	mg/L		(1 Monthly)	(Grab)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Tonya Luning	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed			TELEPHONE (727) 848-8292	SUBMITTED ON 09/23/2024

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: SUN COMMUNITIES, INC. ADDRESS: 27777 Franklin Rd Southfield, MI 48034 FACILITY: Gulfstream Harbor WWTF LOCATION: 4505 S Goldenrod Rd Orlando, FL 32822 COUNTY: ORANGE					PERMIT NUMBER: FLA010835 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q DESCRIPTION: Biosolids Quantity MONITORING PERIOD: From: 08/01/2024 To: 08/31/2024				
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Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred)	Sample Measurement	0.63				0	1 Monthly	Calculated
PARM Code B0007 + Mon. Site: RMP-1	Permit Requirement	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)
Biosolids Quantity (Landfilled)	Sample Measurement	0				0	1 Monthly	Calculated
PARM Code B0008 + Mon. Site: RMP-1	Permit Requirement	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Tonya Luning	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed	TELEPHONE (727) 848-8292	SUBMITTED ON 09/23/2024
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DAILY SAMPLE RESULTS - PART B REVISED

Permit Number: FLA010835-004-DW2P

Facility: Gulfstream Harbor WWTF

Monitoring Period From: 08/01/2024 To: 08/31/2024

	BOD, Carbonaceous 5 day, 20C mg/L	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual (For Disinfection)	Coliform, Fecal #/100mL	Flow (Flow thru plant)	Flow (Flow to R-001)	Nitrogen, Nitrate, Total (as N) mg/L	Nitrogen, Total mg/L	Phosphorus, Total (as P) mg/L	Solids, Total Suspended (Influent) mg/L	Solids, Total Suspended mg/L
Code	80082	80082	50060	74055	50050	50050	00620	00600	00665	00530	00530
Mon. Site	INF-1	EFA-1	EFA-1	EFA-1	INF-1	FLW-1	EFA-1	EFA-1	EFA-1	INF-1	EFA-1
1			1.8		0.035	0.035					
2			1.8		0.043	0.043					
3					0.043	0.043					
4					0.053	0.053					
5			2.2		0.058	0.058					
6			1.9		0.050	0.050					
7			1.9		0.045	0.045					
8			2.0		0.044	0.044					
9			2.1		0.044	0.044					
10			2.2		0.044	0.044					
11					0.063	0.063					
12			2.0		0.052	0.052					
13	65	2.3	2.0	120	0.068	0.068	6	7.16	8.3	168	14
14			2.1		0.019	0.019					
15			2.0		0.041	0.041					
16			2.0		0.040	0.040					
17			1.9		0.040	0.040					
18					0.044	0.044					
19			2.0		0.039	0.039					
20			2.1		0.039	0.039					
21			2.0		0.047	0.047					
22			1.9		0.043	0.043					
23			1.8		0.046	0.046					
24			2.0		0.046	0.046					
25					0.037	0.037					
26			2.1		0.044	0.044					
27			1.9		0.040	0.040					
28			2.0		0.045	0.045					
29			1.9		0.048	0.048					
30			2.1		0.044	0.044					
31					0.044	0.044					
Total	65	2.3		120	1.388	1.388	6	7.16	8.3	168	14
Mo. Avg.	65	2.3		120	0.045	0.045	6	7.16	8.3	168	14

PLANT STAFFING:

Day Shift Operator	Class: <u>C</u>	Certificate No: <u>0026655</u>	Name: <u>Antinione Deon Tillmon</u>
Evening Shift Operator	Class: <u> </u>	Certificate No: <u> </u>	Name: <u> </u>
Night Shift Operator	Class: <u> </u>	Certificate No: <u> </u>	Name: <u> </u>
Lead Operator	Class: <u> </u>	Certificate No: <u> </u>	Name: <u> </u>

DAILY SAMPLE RESULTS - PART B REVISED

Permit Number: FLA010835-004-DW2P

Facility: Gulfstream Harbor WWTF

Monitoring Period From: 08/01/2024 To: 08/31/2024

	pH s.u. L										
Code	00400										
Mon. Site	EFA-1										
1	7.4										
2	7.4										
3											
4											
5	7.4										
6	7.4										
7	7.4										
8	7.4										
9	7.4										
10	7.4										
11											
12	7.4										
13	7.4										
14	7.4										
15	7.4										
16	7.4										
17	7.4										
18											
19	7.5										
20	7.4										
21	7.4										
22	7.4										
23	7.4										
24	7.4										
25											
26	7.4										
27	7.4										
28	7.4										
29	7.4										
30	7.4										
31											
Total											
Mo. Avg.											

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 0026655 Name: Antinione Deon Tillmon

Evening Shift Operator Class: _____ Certificate No: _____ Name: _____

Night Shift Operator Class: _____ Certificate No: _____ Name: _____

Lead Operator Class: _____ Certificate No: _____ Name: _____

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME:	SUN COMMUNITIES, INC.	PERMIT NUMBER:	FLA010835		
ADDRESS:	27777 Franklin Rd	LIMIT:	FINAL	REPORT:	Monthly
	Southfield, MI 48034	FACILITY TYPE:	DW	GROUP:	Domestic
		MONITORING GROUP:	R-001		
FACILITY:	Gulfstream Harbor WWTF	DESCRIPTION:	Rapid Infiltration Basins, including influent		
LOCATION:	4505 S Goldenrod Rd				
	Orlando, FL 32822				
COUNTY:	ORANGE	MONITORING PERIOD:	From: 09/01/2024 To: 09/30/2024		

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		0.037						0	5 Days/Week	Recording Flow Meter with Totalizer
PARM Code 50050 Y Add. Desc: Flow to R-001 Mon. Site: FLW-1	Permit Requirement		0.099 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow	Sample Measurement		0.062						0	5 Days/Week	Recording Flow Meter with Totalizer
PARM Code 50050 1 Add. Desc: Flow to R-001 Mon. Site: FLW-1	Permit Requirement		Report (Mo Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.6			0	1 Monthly	Grab
PARM Code 80082 Y Mon. Site: EFA-1	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.3	4.3	4.3		0	1 Monthly	Grab
PARM Code 80082 A Mon. Site: EFA-1	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-1	Sample Measurement					12.7			0	1 Monthly	Grab
	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-1	Sample Measurement				16	16	16		0	1 Monthly	Grab
	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-1	Sample Measurement					100.9			0	1 Monthly	Grab
	Permit Requirement					200.0 (Annl Avg)		#/100mL		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-1	Sample Measurement					513.81	>2400		2	1 Monthly	Grab
	Permit Requirement					200.0 (Mo Geomn)	800.0 (Maximum)	#/100mL		(1 Monthly)	(Grab)
pH PARM Code 00400 A Mon. Site: EFA-1	Sample Measurement				7.4		7.4		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Chlorine, Total Residual	Sample Measurement				1				0	5 Days/Week	Grab
PARM Code 50060 A Add. Desc: For Disinfection Mon. Site: EFA-1	Permit Requirement				0.5 (Minimum)			mg/L		(5 Days/Week)	(Grab)
Nitrogen, Nitrate, Total (as N)	Sample Measurement						<0.024		0	1 Monthly	Grab
PARM Code 00620 A Mon. Site: EFA-1	Permit Requirement						12.0 (Maximum)	mg/L		(1 Monthly)	(Grab)
Nitrogen, Total	Sample Measurement					9.92			0	1 Monthly	Grab
PARM Code 00600 Y Mon. Site: EFA-1	Permit Requirement					Report (Annl Avg)		mg/L		(1 Monthly)	(Grab)
Nitrogen, Total	Sample Measurement						5.61		0	1 Monthly	Grab
PARM Code 00600 A Mon. Site: EFA-1	Permit Requirement						Report (Mo Avg)	mg/L		(1 Monthly)	(Grab)
Phosphorus, Total (as P)	Sample Measurement					3.9			0	1 Monthly	Grab
PARM Code 00665 Y Mon. Site: EFA-1	Permit Requirement					Report (Annl Avg)		mg/L		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Phosphorus, Total (as P)	Sample Measurement						1		0	1 Monthly	Grab
PARM Code 00665 A Mon. Site: EFA-1	Permit Requirement						Report (Mo Avg)	mg/L		(1 Monthly)	(Grab)
Flow	Sample Measurement		0.037						0	5 Days/Week	Recording Flow Meter with Totalizer
PARM Code 50050 G Add. Desc: Flow thru plant Mon. Site: INF-1	Permit Requirement		0.099 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow	Sample Measurement	0.062	0.049						0	5 Days/Week	Recording Flow Meter with Totalizer
PARM Code 50050 P Add. Desc: Flow thru plant Mon. Site: INF-1	Permit Requirement	Report (Mo Avg)	Report (3MonAvg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Percent Capacity, (TMADF /Permitted Capacity) x 100	Sample Measurement						49		0	1 Monthly	Calculated
PARM Code 00180 P Mon. Site: CAL-1	Permit Requirement						Report (Mo Avg)	percent		(1 Monthly)	(Calculated)
BOD, Carbonaceous 5 day, 20C	Sample Measurement						285		0	1 Monthly	Grab
PARM Code 80082 G Add. Desc: Influent Mon. Site: INF-1	Permit Requirement						Report (Maximum)	mg/L		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 G Add. Desc: Influent Mon. Site: INF-1	Sample Measurement						236		0	1 Monthly	Grab
	Permit Requirement						Report (Maximum)	mg/L		(1 Monthly)	(Grab)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Tonya Luning	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed			TELEPHONE (727) 848-8292	SUBMITTED ON 10/25/2024

Parameter	Monitoring Site	Comments for Monitoring Group - R-001
74055 A	EFA-1	Upon notification of the elevated fecal result from 9/25/2025 a resample was collected which yielded a result of 110 cts/100 mls. The exact cause of the elevated result is unknown. All additional parameters were within permitted ranges. We will continue to monitor and report as required.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: SUN COMMUNITIES, INC. ADDRESS: 27777 Franklin Rd Southfield, MI 48034 FACILITY: Gulfstream Harbor WWTF LOCATION: 4505 S Goldenrod Rd Orlando, FL 32822 COUNTY: ORANGE					PERMIT NUMBER: FLA010835 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q DESCRIPTION: Biosolids Quantity MONITORING PERIOD: From: 09/01/2024 To: 09/30/2024				
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Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred)	Sample Measurement	0				0	1 Monthly	Calculated
PARM Code B0007 + Mon. Site: RMP-1	Permit Requirement	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)
Biosolids Quantity (Landfilled)	Sample Measurement	0				0	1 Monthly	Calculated
PARM Code B0008 + Mon. Site: RMP-1	Permit Requirement	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Tonya Luning	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed	TELEPHONE (727) 848-8292	SUBMITTED ON 10/25/2024
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DAILY SAMPLE RESULTS - PART B REVISED

Permit Number: FLA010835-004-DW2P

Facility: Gulfstream Harbor WWTF

Monitoring Period From: 09/01/2024 TO: 09/30/2024

	BOD, Carbonaceous 5 day, 20C mg/L	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual (For Disinfection)	Coliform, Fecal #/100mL	Flow (Flow thru plant)	Flow (Flow to R-001)	Nitrogen, Nitrate, Total (as N) mg/L	Nitrogen, Total mg/L	Phosphorus, Total (as P) mg/L	Solids, Total Suspended (Influent) mg/L	Solids, Total Suspended mg/L
Code	80082	80082	50060	74055	50050	50050	00620	00600	00665	00530	00530
Mon. Site	INF-1	EFA-1	EFA-1	EFA-1	INF-1	FLW-1	EFA-1	EFA-1	EFA-1	INF-1	EFA-1
1			2.3		0.044	0.044					
2			1.9		0.045	0.045					
3			1.9		0.052	0.052					
4			1.8		0.050	0.050					
5			1.9		0.030	0.030					
6			1.8		0.047	0.047					
7					0.047	0.047					
8			1.7		0.075	0.075					
9			1.8		0.069	0.069					
10			1.8		0.053	0.053					
11			2.2		0.127	0.127					
12			2.1		0.070	0.070					
13			2.1		0.085	0.085					
14					0.085	0.085					
15			2.0		0.188	0.188					
16			1.0		0.058	0.058					
17			1.5		0.054	0.054					
18			2.3		0.056	0.056					
19			1.2		0.058	0.058					
20			2.6		0.046	0.046					
21					0.046	0.046					
22			2.0		0.067	0.067					
23			1.0		0.000	0.000					
24			1.0		0.054	0.054					
25	285	4.3	1.8	>2400	0.047	0.047	<0.024	5.61	1	236	16
26			2.5	110	0.106	0.106					
27			1.6		0.045	0.045					
28					0.045	0.045					
29			1.7		0.067	0.067					
30			1.6		0.045	0.045					
31											
Total	285	4.3		2510	1.861	1.861	<0.024	5.61	1	236	16
Mo. Avg.	285	4.3		513.81 GEO	0.062	0.062	<0.024	5.61	1	236	16

PLANT STAFFING:

Day Shift Operator	Class: <u>C</u>	Certificate No: <u>0026655</u>	Name: <u>Antinione Deon Tillmon</u>
Evening Shift Operator	Class: <u> </u>	Certificate No: <u> </u>	Name: <u> </u>
Night Shift Operator	Class: <u> </u>	Certificate No: <u> </u>	Name: <u> </u>
Lead Operator	Class: <u> </u>	Certificate No: <u> </u>	Name: <u> </u>

DAILY SAMPLE RESULTS - PART B REVISED

Permit Number: FLA010835-004-DW2P
 Monitoring Period From: 09/01/2024 TO: 09/30/2024

Facility: Gulfstream Harbor WWTF

	pH s.u. L										
Code	00400										
Mon. Site	EFA-1										
1	7.4										
2	7.4										
3	7.4										
4	7.4										
5	7.4										
6	7.4										
7											
8	7.4										
9	7.4										
10	7.4										
11	7.4										
12	7.4										
13	7.4										
14											
15	7.4										
16	7.4										
17	7.4										
18	7.4										
19	7.4										
20	7.4										
21											
22	7.4										
23	7.4										
24	7.4										
25	7.4										
26	7.4										
27	7.4										
28											
29	7.4										
30	7.4										
31											
Total											
Mo. Avg.											

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 0026655 Name: Antinione Deon Tillmon
 Evening Shift Operator Class: _____ Certificate No: _____ Name: _____
 Night Shift Operator Class: _____ Certificate No: _____ Name: _____
 Lead Operator Class: _____ Certificate No: _____ Name: _____

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME:	SUN COMMUNITIES, INC.	PERMIT NUMBER:	FLA010835		
ADDRESS:	27777 Franklin Rd	LIMIT:	FINAL	REPORT:	Monthly
	Southfield, MI 48034	FACILITY TYPE:	DW	GROUP:	Domestic
		MONITORING GROUP:	R-001		
FACILITY:	Gulfstream Harbor WWTF	DESCRIPTION:	Rapid Infiltration Basins, including influent		
LOCATION:	4505 S Goldenrod Rd				
	Orlando, FL 32822				
COUNTY:	ORANGE	MONITORING PERIOD:	From: 10/01/2024 To: 10/31/2024		

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		0.038						0	5 Days/Week	Recording Flow Meter with Totalizer
PARM Code 50050 Y Add. Desc: Flow to R-001 Mon. Site: FLW-1	Permit Requirement		0.099 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow	Sample Measurement		0.060						0	5 Days/Week	Recording Flow Meter with Totalizer
PARM Code 50050 1 Add. Desc: Flow to R-001 Mon. Site: FLW-1	Permit Requirement		Report (Mo Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.9			0	1 Monthly	Grab
PARM Code 80082 Y Mon. Site: EFA-1	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2	<2	<2		0	1 Monthly	Grab
PARM Code 80082 A Mon. Site: EFA-1	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-1	Sample Measurement					13.1			0	1 Monthly	Grab
	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-1	Sample Measurement				8.8	8.8	8.8		0	1 Monthly	Grab
	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-1	Sample Measurement					100.3			0	1 Monthly	Grab
	Permit Requirement					200.0 (Annl Avg)		#/100mL		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-1	Sample Measurement					1	1		0	1 Monthly	Grab
	Permit Requirement					200.0 (Mo Geomn)	800.0 (Maximum)	#/100mL		(1 Monthly)	(Grab)
pH PARM Code 00400 A Mon. Site: EFA-1	Sample Measurement				7.0		7.4		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Chlorine, Total Residual	Sample Measurement				1				0	5 Days/Week	Grab
PARM Code 50060 A Add. Desc: For Disinfection Mon. Site: EFA-1	Permit Requirement				0.5 (Minimum)			mg/L		(5 Days/Week)	(Grab)
Nitrogen, Nitrate, Total (as N)	Sample Measurement						0.25		0	1 Monthly	Grab
PARM Code 00620 A Mon. Site: EFA-1	Permit Requirement						12.0 (Maximum)	mg/L		(1 Monthly)	(Grab)
Nitrogen, Total	Sample Measurement					9.84			0	1 Monthly	Grab
PARM Code 00600 Y Mon. Site: EFA-1	Permit Requirement					Report (Annl Avg)		mg/L		(1 Monthly)	(Grab)
Nitrogen, Total	Sample Measurement						8.79		0	1 Monthly	Grab
PARM Code 00600 A Mon. Site: EFA-1	Permit Requirement						Report (Mo Avg)	mg/L		(1 Monthly)	(Grab)
Phosphorus, Total (as P)	Sample Measurement					3.46			0	1 Monthly	Grab
PARM Code 00665 Y Mon. Site: EFA-1	Permit Requirement					Report (Annl Avg)		mg/L		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Phosphorus, Total (as P)	Sample Measurement						2.1		0	1 Monthly	Grab
PARM Code 00665 A Mon. Site: EFA-1	Permit Requirement						Report (Mo Avg)	mg/L		(1 Monthly)	(Grab)
Flow	Sample Measurement		0.038						0	5 Days/Week	Recording Flow Meter with Totalizer
PARM Code 50050 G Add. Desc: Flow thru plant Mon. Site: INF-1	Permit Requirement		0.099 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow	Sample Measurement	0.060	0.056						0	5 Days/Week	Recording Flow Meter with Totalizer
PARM Code 50050 P Add. Desc: Flow thru plant Mon. Site: INF-1	Permit Requirement	Report (Mo Avg)	Report (3MonAvg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Percent Capacity, (TMADF /Permitted Capacity) x 100	Sample Measurement						56		0	1 Monthly	Calculated
PARM Code 00180 P Mon. Site: CAL-1	Permit Requirement						Report (Mo Avg)	percent		(1 Monthly)	(Calculated)
BOD, Carbonaceous 5 day, 20C	Sample Measurement						155		0	1 Monthly	Grab
PARM Code 80082 G Add. Desc: Influent Mon. Site: INF-1	Permit Requirement						Report (Maximum)	mg/L		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 G Add. Desc: Influent Mon. Site: INF-1	Sample Measurement						152		0	1 Monthly	Grab
	Permit Requirement						Report (Maximum)	mg/L		(1 Monthly)	(Grab)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Tonya Luning	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed			TELEPHONE (727) 848-8292	SUBMITTED ON 11/12/2024

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: SUN COMMUNITIES, INC. ADDRESS: 27777 Franklin Rd Southfield, MI 48034 FACILITY: Gulfstream Harbor WWTF LOCATION: 4505 S Goldenrod Rd Orlando, FL 32822 COUNTY: ORANGE					PERMIT NUMBER: FLA010835 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q DESCRIPTION: Biosolids Quantity MONITORING PERIOD: From: 10/01/2024 To: 10/31/2024				
Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type	
Biosolids Quantity (Transferred)	Sample Measurement	0				0	1 Monthly	Calculated	
PARM Code B0007 + Mon. Site: RMP-1	Permit Requirement	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)	
Biosolids Quantity (Landfilled)	Sample Measurement	0				0	1 Monthly	Calculated	
PARM Code B0008 + Mon. Site: RMP-1	Permit Requirement	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Tonya Luning	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed		TELEPHONE (727) 848-8292	SUBMITTED ON 11/12/2024	

DAILY SAMPLE RESULTS - PART B REVISED

Permit Number: FLA010835-004-DW2P

Facility: Gulfstream Harbor WWTF

Monitoring Period From: 10/01/2024 TO: 10/31/2024

	BOD, Carbonaceous 5 day, 20C mg/L	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual (For Disinfection)	Coliform, Fecal #/100mL	Flow (Flow thru plant)	Flow (Flow to R-001)	Nitrogen, Nitrate, Total (as N) mg/L	Nitrogen, Total mg/L	Phosphorus, Total (as P) mg/L	Solids, Total Suspended (Influent) mg/L	Solids, Total Suspended mg/L
Code	80082	80082	50060	74055	50050	50050	00620	00600	00665	00530	00530
Mon. Site	INF-1	EFA-1	EFA-1	EFA-1	INF-1	FLW-1	EFA-1	EFA-1	EFA-1	INF-1	EFA-1
1			1.8		0.060	0.060					
2			1.6		0.050	0.050					
3			1.6		0.043	0.043					
4			1.3		0.047	0.047					
5					0.047	0.047					
6			1.8		0.050	0.050					
7			1.0		0.060	0.060					
8			1.0		0.043	0.043					
9			Hurricane		0.183	0.183					
10			Milton		0.105	0.105					
11			2.1		0.061	0.061					
12					0.061	0.061					
13			2.1		0.071	0.071					
14			1.6		0.057	0.057					
15			1.2		0.058	0.058					
16			2.1		0.056	0.056					
17	155	<2	2.3	1	0.053	0.053	0.25	8.79	2.1	152	8.8
18			2.3		0.047	0.047					
19					0.047	0.047					
20			2.1		0.076	0.076					
21			1.8		0.053	0.053					
22			2.1		0.052	0.052					
23			1.8		0.051	0.051					
24			2.3		0.052	0.052					
25			2.2		0.047	0.047					
26					0.047	0.047					
27			2.0		0.070	0.070					
28			2.1		0.050	0.050					
29			2.3		0.055	0.055					
30			2.5		0.049	0.049					
31					0.052	0.052					
Total	155	<2		1	1.853	1.853	0.25	8.79	2.1	152	8.8
Mo. Avg.	155	<2		1	0.060	0.060	0.25	8.79	2.1	152	8.8

PLANT STAFFING:

Day Shift Operator	Class: <u>C</u>	Certificate No: <u>0026655</u>	Name: <u>Antinione Deon Tillmon</u>
Evening Shift Operator	Class: <u> </u>	Certificate No: <u> </u>	Name: <u> </u>
Night Shift Operator	Class: <u> </u>	Certificate No: <u> </u>	Name: <u> </u>
Lead Operator	Class: <u> </u>	Certificate No: <u> </u>	Name: <u> </u>

DAILY SAMPLE RESULTS - PART B REVISED

Permit Number: FLA010835-004-DW2P
Monitoring Period From: 10/01/2024 TO: 10/31/2024

Facility: Gulfstream Harbor WWTF

	pH s.u. L										
Code	00400										
Mon. Site	EFA-1										
1	7.1										
2	7.4										
3	7.4										
4	7.4										
5											
6	7.3										
7	7.4										
8	7.4										
9	Hurricane										
10	Milton										
11	7.4										
12											
13	7.4										
14	7.4										
15	7.4										
16	7.4										
17	7.4										
18	7.4										
19											
20	7.4										
21	7.4										
22	7.4										
23	7.4										
24	7.4										
25	7.4										
26											
27	7.0										
28	7.4										
29	7.4										
30	7.4										
31											
Total											
Mo. Avg.											

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 0026655 Name: Antinione Deon Tillmon
Evening Shift Operator Class: Certificate No: Name:
Night Shift Operator Class: Certificate No: Name:
Lead Operator Class: Certificate No: Name:

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: SUN COMMUNITIES, INC.	PERMIT NUMBER: FLA010835
ADDRESS: 27777 Franklin Rd	LIMIT: FINAL REPORT: Monthly
Southfield, MI 48034	FACILITY TYPE: DW GROUP: Domestic
FACILITY: Gulfstream Harbor WWTF	MONITORING GROUP: R-001
LOCATION: 4505 S Goldenrod Rd	DESCRIPTION: Rapid Infiltration Basins, including influent
Orlando, FL 32822	
COUNTY: ORANGE	MONITORING PERIOD: From: 11/01/2024 To: 11/30/2024

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		0.039						0	5 Days/Week	Recording Flow Meter with Totalizer
PARM Code 50050 Y Add. Desc: Flow to R-001 Mon. Site: FLW-1	Permit Requirement		0.099 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow	Sample Measurement		0.055						0	5 Days/Week	Recording Flow Meter with Totalizer
PARM Code 50050 1 Add. Desc: Flow to R-001 Mon. Site: FLW-1	Permit Requirement		Report (Mo Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.5			0	1 Monthly	Grab
PARM Code 80082 Y Mon. Site: EFA-1	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2	<2	<2		0	1 Monthly	Grab
PARM Code 80082 A Mon. Site: EFA-1	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-1	Sample Measurement					12.8			0	1 Monthly	Grab
	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-1	Sample Measurement				6.4	6.4	6.4		0	1 Monthly	Grab
	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-1	Sample Measurement					96.8			0	1 Monthly	Grab
	Permit Requirement					200.0 (Annl Avg)		#/100mL		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-1	Sample Measurement					8.4	8.4		0	1 Monthly	Grab
	Permit Requirement					200.0 (Mo Geomn)	800.0 (Maximum)	#/100mL		(1 Monthly)	(Grab)
pH PARM Code 00400 A Mon. Site: EFA-1	Sample Measurement				7.3		7.4		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Chlorine, Total Residual	Sample Measurement				1.8				0	5 Days/Week	Grab
PARM Code 50060 A Add. Desc: For Disinfection Mon. Site: EFA-1	Permit Requirement				0.5 (Minimum)			mg/L		(5 Days/Week)	(Grab)
Nitrogen, Nitrate, Total (as N)	Sample Measurement						2.5		0	1 Monthly	Grab
PARM Code 00620 A Mon. Site: EFA-1	Permit Requirement						12.0 (Maximum)	mg/L		(1 Monthly)	(Grab)
Nitrogen, Total	Sample Measurement					10			0	1 Monthly	Grab
PARM Code 00600 Y Mon. Site: EFA-1	Permit Requirement					Report (Annl Avg)		mg/L		(1 Monthly)	(Grab)
Nitrogen, Total	Sample Measurement						14.2		0	1 Monthly	Grab
PARM Code 00600 A Mon. Site: EFA-1	Permit Requirement						Report (Mo Avg)	mg/L		(1 Monthly)	(Grab)
Phosphorus, Total (as P)	Sample Measurement					3.5			0	1 Monthly	Grab
PARM Code 00665 Y Mon. Site: EFA-1	Permit Requirement					Report (Annl Avg)		mg/L		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Phosphorus, Total (as P)	Sample Measurement						1.4		0	1 Monthly	Grab
PARM Code 00665 A Mon. Site: EFA-1	Permit Requirement						Report (Mo Avg)	mg/L		(1 Monthly)	(Grab)
Flow	Sample Measurement		0.039						0	5 Days/Week	Recording Flow Meter with Totalizer
PARM Code 50050 G Add. Desc: Flow thru plant Mon. Site: INF-1	Permit Requirement		0.099 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow	Sample Measurement	0.055	0.059						0	5 Days/Week	Recording Flow Meter with Totalizer
PARM Code 50050 P Add. Desc: Flow thru plant Mon. Site: INF-1	Permit Requirement	Report (Mo Avg)	Report (3MonAvg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Percent Capacity, (TMADF /Permitted Capacity) x 100	Sample Measurement						59		0	1 Monthly	Calculated
PARM Code 00180 P Mon. Site: CAL-1	Permit Requirement						Report (Mo Avg)	percent		(1 Monthly)	(Calculated)
BOD, Carbonaceous 5 day, 20C	Sample Measurement						481		0	1 Monthly	Grab
PARM Code 80082 G Add. Desc: Influent Mon. Site: INF-1	Permit Requirement						Report (Maximum)	mg/L		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 G Add. Desc: Influent Mon. Site: INF-1	Sample Measurement						274		0	1 Monthly	Grab
	Permit Requirement						Report (Maximum)	mg/L		(1 Monthly)	(Grab)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Tonya Luning	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed			TELEPHONE (727) 848-8292	SUBMITTED ON 12/20/2024

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: SUN COMMUNITIES, INC. ADDRESS: 27777 Franklin Rd Southfield, MI 48034 FACILITY: Gulfstream Harbor WWTF LOCATION: 4505 S Goldenrod Rd Orlando, FL 32822 COUNTY: ORANGE					PERMIT NUMBER: FLA010835 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q DESCRIPTION: Biosolids Quantity MONITORING PERIOD: From: 11/01/2024 To: 11/30/2024				
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Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred)	Sample Measurement	0				0	1 Monthly	Calculated
PARM Code B0007 + Mon. Site: RMP-1	Permit Requirement	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)
Biosolids Quantity (Landfilled)	Sample Measurement	0				0	1 Monthly	Calculated
PARM Code B0008 + Mon. Site: RMP-1	Permit Requirement	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Tonya Luning	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed	TELEPHONE (727) 848-8292	SUBMITTED ON 12/20/2024
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DAILY SAMPLE RESULTS - PART B REVISED

Permit Number: FLA010835-004-DW2P

Facility: Gulfstream Harbor WWTF

Monitoring Period From: 11/01/2024 To: 11/30/2024

	BOD, Carbonaceous 5 day, 20C mg/L	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual (For Disinfecti on)	Coliform, Fecal #/100mL	Flow (Flow thru plant)	Flow (Flow to R-001)	Nitrogen, Nitrate, Total (as N) mg/L	Nitrogen, Total mg/L	Phosphorus, Total (as P) mg/L	Solids, Total Suspended (Influent) mg/L	Solids, Total Suspended mg/L
Code	80082	80082	50060	74055	50050	50050	00620	00600	00665	00530	00530
Mon. Site	INF-1	EFA-1	EFA-1	EFA-1	INF-1	FLW-1	EFA-1	EFA-1	EFA-1	INF-1	EFA-1
1			2.3		0.072	0.072					
2					0.072	0.072					
3			2.3		0.072	0.072					
4			2.3		0.051	0.051					
5			2.3		0.052	0.052					
6			2.6		0.054	0.054					
7			2.1		0.050	0.050					
8			2.6		0.097	0.097					
9					0.097	0.097					
10			2.2		0.060	0.060					
11	481	<2	2.3	8.4	0.029	0.029	2.5	14.2	1.4	274	6.4
12			2.4		0.063	0.063					
13			2.6		0.049	0.049					
14			1.8		0.022	0.022					
15			1.8		0.047	0.047					
16					0.047	0.047					
17			2.0		0.068	0.068					
18			2.1		0.044	0.044					
19			2.1		0.040	0.040					
20			2.3		0.050	0.050					
21			3.0		0.053	0.053					
22			3.0		0.040	0.040					
23					0.040	0.040					
24			2.5		0.068	0.068					
25			2.3		0.048	0.048					
26			2.6		0.047	0.047					
27			2.3		0.056	0.056					
28					0.056	0.056					
29			3.1		0.047	0.047					
30			2.3		0.055	0.055					
31											
Total	481	<2		8.4	1.646	1.646	2.5	14.2	1.4	274	6.4
Mo. Avg.	481	<2		8.4	0.055	0.055	2.5	14.2	1.4	274	6.4

PLANT STAFFING:

Day Shift Operator	Class: <u>C</u>	Certificate No: <u>0026655</u>	Name: <u>Antinione Deon Tillmon</u>
Evening Shift Operator	Class: <u> </u>	Certificate No: <u> </u>	Name: <u> </u>
Night Shift Operator	Class: <u> </u>	Certificate No: <u> </u>	Name: <u> </u>
Lead Operator	Class: <u> </u>	Certificate No: <u> </u>	Name: <u> </u>

DAILY SAMPLE RESULTS - PART B REVISED

Permit Number: FLA010835-004-DW2P
 Monitoring Period From: 11/01/2024 To: 11/30/2024

Facility: Gulfstream Harbor WWTF

	pH s.u. L										
Code	00400										
Mon. Site	EFA-1										
1	7.4										
2											
3	7.4										
4	7.4										
5	7.4										
6	7.4										
7	7.4										
8	7.4										
9											
10	7.4										
11	7.4										
12	7.4										
13	7.4										
14	7.3										
15	7.4										
16											
17	7.4										
18	7.4										
19	7.4										
20	7.4										
21	7.4										
22	7.4										
23											
24	7.4										
25	7.4										
26	7.4										
27	7.4										
28											
29	7.4										
30	7.4										
31											
Total											
Mo. Avg.											

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 0026655 Name: Antinione Deon Tillmon
 Evening Shift Operator Class: Certificate No: Name:
 Night Shift Operator Class: Certificate No: Name:
 Lead Operator Class: Certificate No: Name:

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME:	SUN COMMUNITIES, INC.	PERMIT NUMBER:	FLA010835		
ADDRESS:	27777 Franklin Rd	LIMIT:	FINAL	REPORT:	Monthly
	Southfield, MI 48034	FACILITY TYPE:	DW	GROUP:	Domestic
		MONITORING GROUP:	R-001		
FACILITY:	Gulfstream Harbor WWTF	DESCRIPTION:	Rapid Infiltration Basins, including influent		
LOCATION:	4505 S Goldenrod Rd				
	Orlando, FL 32822				
COUNTY:	ORANGE	MONITORING PERIOD:	From: 12/01/2024 To: 12/31/2024		

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement		0.042						0	5 Days/Week	Recording Flow Meter with Totalizer
PARM Code 50050 Y Add. Desc: Flow to R-001 Mon. Site: FLW-1	Permit Requirement		0.099 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow	Sample Measurement		0.047						0	5 Days/Week	Recording Flow Meter with Totalizer
PARM Code 50050 1 Add. Desc: Flow to R-001 Mon. Site: FLW-1	Permit Requirement		Report (Mo Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
BOD, Carbonaceous 5 day, 20C	Sample Measurement					2.2			0	1 Monthly	Grab
PARM Code 80082 Y Mon. Site: EFA-1	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2	<2	<2		0	1 Monthly	Grab
PARM Code 80082 A Mon. Site: EFA-1	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 Y Mon. Site: EFA-1	Sample Measurement					12.2			0	1 Monthly	Grab
	Permit Requirement					20.0 (Annl Avg)		mg/L		(1 Monthly)	(Grab)
Solids, Total Suspended PARM Code 00530 A Mon. Site: EFA-1	Sample Measurement				11	11	11		0	1 Monthly	Grab
	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 Y Mon. Site: EFA-1	Sample Measurement					131.4			0	1 Monthly	Grab
	Permit Requirement					200.0 (Annl Avg)		#/100mL		(1 Monthly)	(Grab)
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-1	Sample Measurement					424.74	440		1	1 Monthly	Grab
	Permit Requirement					200.0 (Mo Geomn)	800.0 (Maximum)	#/100mL		(1 Monthly)	(Grab)
pH PARM Code 00400 A Mon. Site: EFA-1	Sample Measurement				7.3		7.4		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Chlorine, Total Residual	Sample Measurement				2				0	5 Days/Week	Grab
PARM Code 50060 A Add. Desc: For Disinfection Mon. Site: EFA-1	Permit Requirement				0.5 (Minimum)			mg/L		(5 Days/Week)	(Grab)
Nitrogen, Nitrate, Total (as N)	Sample Measurement						0.63		0	1 Monthly	Grab
PARM Code 00620 A Mon. Site: EFA-1	Permit Requirement						12.0 (Maximum)	mg/L		(1 Monthly)	(Grab)
Nitrogen, Total	Sample Measurement					9.64			0	1 Monthly	Grab
PARM Code 00600 Y Mon. Site: EFA-1	Permit Requirement					Report (Annl Avg)		mg/L		(1 Monthly)	(Grab)
Nitrogen, Total	Sample Measurement						6.16		0	1 Monthly	Grab
PARM Code 00600 A Mon. Site: EFA-1	Permit Requirement						Report (Mo Avg)	mg/L		(1 Monthly)	(Grab)
Phosphorus, Total (as P)	Sample Measurement					3.71			0	1 Monthly	Grab
PARM Code 00665 Y Mon. Site: EFA-1	Permit Requirement					Report (Annl Avg)		mg/L		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Phosphorus, Total (as P)	Sample Measurement						3.3		0	1 Monthly	Grab
PARM Code 00665 A Mon. Site: EFA-1	Permit Requirement						Report (Mo Avg)	mg/L		(1 Monthly)	(Grab)
Flow	Sample Measurement		0.042						0	5 Days/Week	Recording Flow Meter with Totalizer
PARM Code 50050 G Add. Desc: Flow thru plant Mon. Site: INF-1	Permit Requirement		0.099 (Annl Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Flow	Sample Measurement	0.047	0.054						0	5 Days/Week	Recording Flow Meter with Totalizer
PARM Code 50050 P Add. Desc: Flow thru plant Mon. Site: INF-1	Permit Requirement	Report (Mo Avg)	Report (3MonAvg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Percent Capacity, (TMADF /Permitted Capacity) x 100	Sample Measurement						54		0	1 Monthly	Calculated
PARM Code 00180 P Mon. Site: CAL-1	Permit Requirement						Report (Mo Avg)	percent		(1 Monthly)	(Calculated)
BOD, Carbonaceous 5 day, 20C	Sample Measurement						130		0	1 Monthly	Grab
PARM Code 80082 G Add. Desc: Influent Mon. Site: INF-1	Permit Requirement						Report (Maximum)	mg/L		(1 Monthly)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 G Add. Desc: Influent Mon. Site: INF-1	Sample Measurement						68		0	1 Monthly	Grab
	Permit Requirement						Report (Maximum)	mg/L		(1 Monthly)	(Grab)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Tonya Luning	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed			TELEPHONE (727) 848-8292	SUBMITTED ON 01/23/2025

Parameter	Monitoring Site	Comments for Monitoring Group - R-001
74055 A	EFA-1	The TRC residuals on the dates of sampling were 2.6 & 3.1 mg/L; all additional effluent parameters collected in December 2024 were well below permitted limits. Problems have been intermitantly experienced with the RAS trolly operations over the recent weeks; this is believed to have contributed to the elevated fecal coliform levels due to increased effluent turbidity. Repairs are underway. We will continue to monitor and report as required.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: SUN COMMUNITIES, INC. ADDRESS: 27777 Franklin Rd Southfield, MI 48034 FACILITY: Gulfstream Harbor WWTF LOCATION: 4505 S Goldenrod Rd Orlando, FL 32822 COUNTY: ORANGE					PERMIT NUMBER: FLA010835 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q DESCRIPTION: Biosolids Quantity MONITORING PERIOD: From: 12/01/2024 To: 12/31/2024				
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Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Biosolids Quantity (Transferred)	Sample Measurement	0.63				0	1 Monthly	Calculated
PARM Code B0007 + Mon. Site: RMP-1	Permit Requirement	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)
Biosolids Quantity (Landfilled)	Sample Measurement	0				0	1 Monthly	Calculated
PARM Code B0008 + Mon. Site: RMP-1	Permit Requirement	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Tonya Luning	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed	TELEPHONE (727) 848-8292	SUBMITTED ON 01/23/2025
--	---	---	---------------------------------	--------------------------------

DAILY SAMPLE RESULTS - PART B REVISED

Permit Number: FLA010835-004-DW2P

Facility: Gulfstream Harbor WWTF

Monitoring Period From: 12/01/2024 To:12/31/2024

	BOD, Carbonaceous 5 day, 20C mg/L	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual (For Disinfecti on)	Coliform, Fecal #/100mL	Flow (Flow thru plant)	Flow (Flow to R-001)	Nitrogen, Nitrate, Total (as N) mg/L	Nitrogen, Total mg/L	Phosphorus, Total (as P) mg/L	Solids, Total Suspended (Influent) mg/L	Solids, Total Suspended mg/L
Code	80082	80082	50060	74055	50050	50050	00620	00600	00665	00530	00530
Mon. Site	INF-1	EFA-1	EFA-1	EFA-1	INF-1	FLW-1	EFA-1	EFA-1	EFA-1	INF-1	EFA-1
1			3.1		0.050	0.050					
2			2.6		0.050	0.050					
3			2.7		0.046	0.046					
4			3.1		0.049	0.049					
5			3.2		0.052	0.052					
6			3.3		0.047	0.047					
7					0.042	0.042					
8			2.8		0.042	0.042					
9			2.7		0.046	0.046					
10			3.1		0.051	0.051					
11	130	<2	2.6	410	0.042	0.042	0.63	6.16	3.3	68	11
12			2.9		0.046	0.046					
13					0.039	0.039					
14			2.7		0.039	0.039					
15			2.0		0.060	0.060					
16			2.1		0.050	0.050					
17			2.2		0.044	0.044					
18			3.1	440	0.048	0.048					
19			3.2		0.046	0.046					
20					0.043	0.043					
21			2.7		0.043	0.043					
22			2.3		0.058	0.058					
23			2.3		0.043	0.043					
24					0.045	0.045					
25			3.1		0.045	0.045					
26			2.0		0.027	0.027					
27					0.047	0.047					
28			2.1		0.047	0.047					
29			2.6		0.070	0.070					
30			2.4		0.044	0.044					
31					0.047	0.047					
Total	130	<2		850	1.448	1.448	0.63	6.16	3.3	68	11
Mo. Avg.	130	<2		424.74 GEO	0.047	0.047	0.63	6.16	3.3	68	11

PLANT STAFFING:

Day Shift Operator	Class: <u>C</u>	Certificate No: <u>0026655</u>	Name: <u>Antinione Deon Tillmon</u>
Evening Shift Operator	Class: <u> </u>	Certificate No: <u> </u>	Name: <u> </u>
Night Shift Operator	Class: <u> </u>	Certificate No: <u> </u>	Name: <u> </u>
Lead Operator	Class: <u> </u>	Certificate No: <u> </u>	Name: <u> </u>

DAILY SAMPLE RESULTS - PART B REVISED

Permit Number: FLA010835-004-DW2P

Facility: Gulfstream Harbor WWTF

Monitoring Period From: 12/01/2024 To:12/31/2024

	pH s.u. L										
Code	00400										
Mon. Site	EFA-1										
1	7.4										
2	7.4										
3	7.4										
4	7.4										
5	7.4										
6	7.4										
7											
8	7.4										
9	7.4										
10	7.4										
11	7.4										
12	7.4										
13											
14	7.3										
15	7.4										
16	7.4										
17	7.4										
18	7.4										
19	7.4										
20											
21	7.4										
22	7.4										
23	7.4										
24											
25	7.4										
26	7.4										
27											
28	7.4										
29	7.4										
30	7.4										
31											
Total											
Mo. Avg.											

PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 0026655 Name: Antinione Deon Tillmon

Evening Shift Operator Class: Certificate No: Name:

Night Shift Operator Class: Certificate No: Name:



Lead Operator Class: Certificate No: Name:



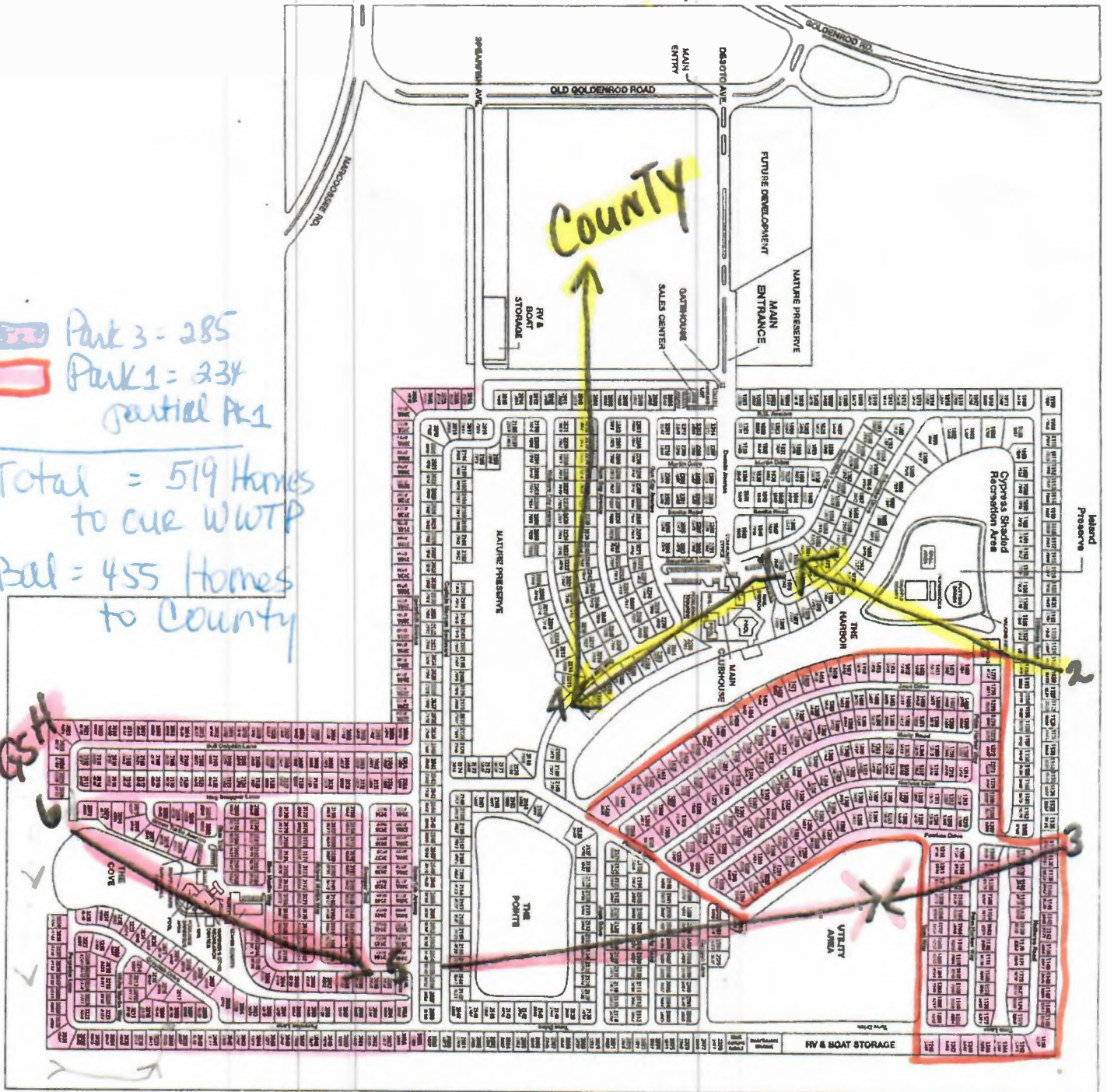
● = Manholes 51 total

5/29/2020
GSH

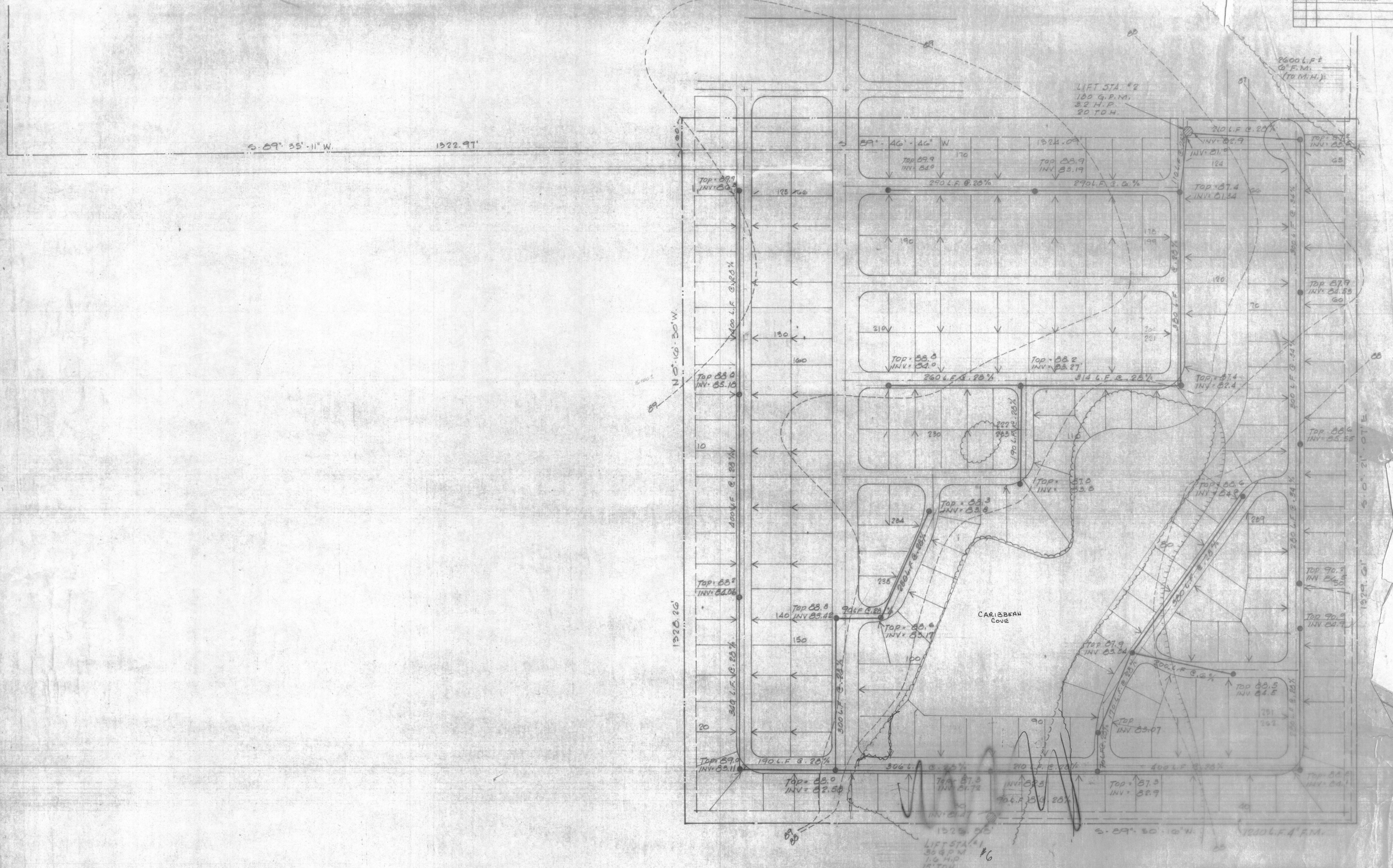
Lift Stations
3 County / 3 GSH

 Park 3 = 285
 Park 1 = 234
partial Park 1

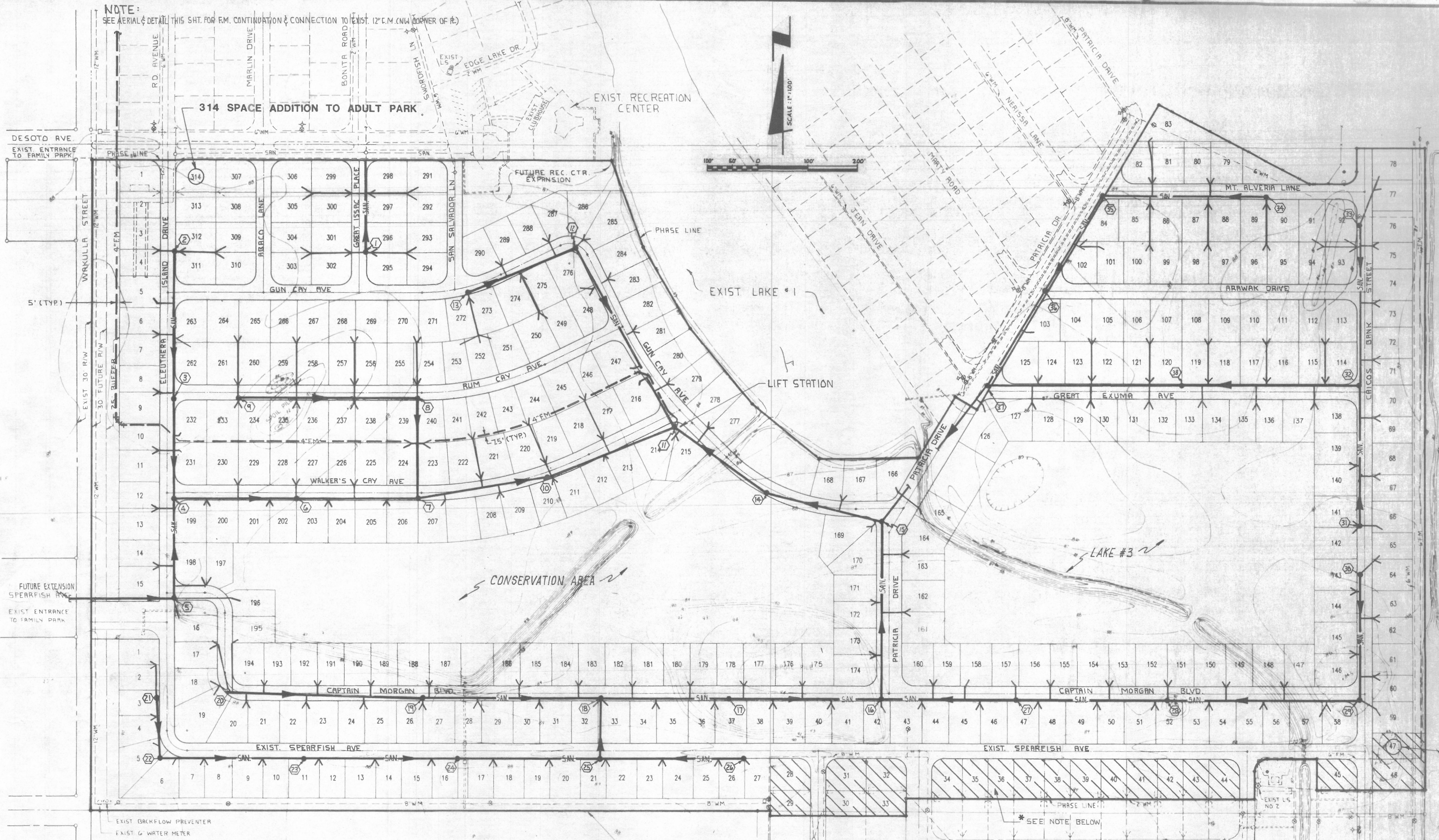
Total = 519 Homes
to our WWTP
Bal = 455 Homes
to County



Note: We maintain ALL!

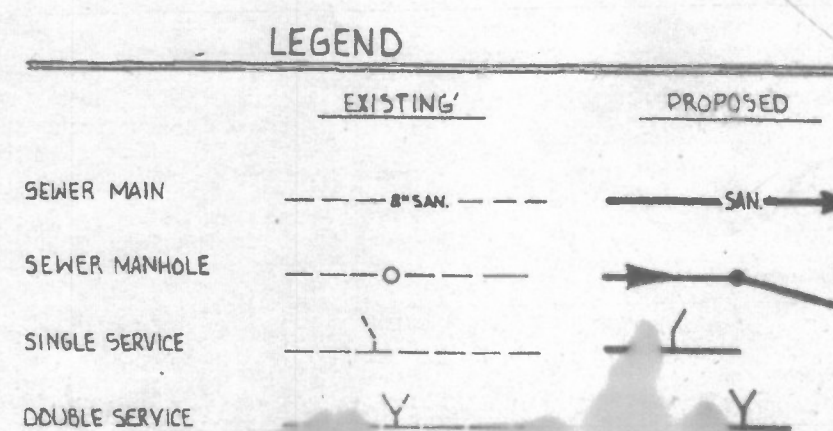


NOTE:
SEE AERIAL & DETAIL THIS SHT. FOR F.M. CONTINUATION & CONNECTION TO EXIST. 12" C.M. C.W. (CORNER OF A.)



NOTES:
THE LOCATION OF ALL EXISTING UTILITIES SHOWN ON THE PLANS HAVE BEEN DETERMINED FROM THE BEST INFORMATION AVAILABLE AND ARE GIVEN FOR THE CONVENIENCE OF THE CONTRACTOR. THE ENGINEER ASSUMES NO RESPONSIBILITY FOR ACCURACY. PRIOR TO THE START OF ANY CONSTRUCTION ACTIVITY, IT SHALL BE THE CONTRACTOR'S RESPONSIBILITY TO NOTIFY THE VARIOUS UTILITIES AND TO MAKE THE NECESSARY ARRANGEMENTS FOR ANY RELOCATIONS OF THESE UTILITIES WITH THE OWNER OF THE UTILITY. THE CONTRACTOR SHALL EXERCISE CAUTION WHEN CROSSING AN UNDERGROUND UTILITY, WHETHER SHOWN ON THE PLAN OR LOCATED BY THE UTILITY COMPANY. ALL UTILITIES WHICH INTERFERE WITH THE PROPOSED CONSTRUCTION SHALL BE RELOCATED AT NO EXPENSE TO THE OWNER. ANY DELAY OR INCONVENIENCE CAUSED THE CONTRACTOR BY THE RELOCATION OF THE VARIOUS UTILITIES SHALL BE ACCIDENTAL TO THE CONTRACT, AND NO EXTRA COMPENSATION WILL BE ALLOWED.

WHERE:
(A) WATER LINES CROSS UNDER SEWER LINES;
(B) OR CROSS OVER SEWER LINES WITH LESS THAN 18 INCHES CLEARANCE;
(C) OR ARE LESS THAN TEN FEET APART HORIZONTALLY AND IMPART OF THE WATER MAIN IS LESS THAN 18" ABOVE THE CROWN OF THE SEWER.
PIPES SHALL BE ORIENTED SUCH THAT MINIMUM DISTANCE BETWEEN WATER MAIN JOINTS AND SEWER MAIN JOINTS IS 10 FEET OR SEWER LINES SHALL BE LOCATED IN CONCRETE OR CONSTRUCTED OF RUBBER GASKETED DUCTILE IRON PRESSURE PIPE WITH TRANSITION COMPLETERS. CONCRETE DISCHARGE SHALL BE 6" INCH MINIMUM.
SEWER MAIN CROSSING OVER OR UNDER CLEARANCE SHALL HAVE ONE 30' MINIMUM CLEARANCE.



CHAPTER 35-155 OF THE FLORIDA STATUTES REQUIRES THAT AN EXCAVATION BE NOTICED 48 HOURS IN ADVANCE & BEGINNING OF THE 120 WORKING DAYS PRIOR TO THE DATE OF THE COMMENCEMENT OF THE WORK.

47 SPACE ADDITION TO FAMILY PARK

BEAM HARBOR
HOME PARK
SE COUNTY, FLORIDA

SEWER

THESE PLANS ARE NOT TO
BE USED FOR CONSTRUCTION
UNLESS THEY ARE
PRINTED
JUN 10 1987

DONALD W. MCINTOSH ASSOCIATES, INC.
PLANNERS
ENGINEERS
2200 PARK AVENUE NORTH, WINTER PARK, FLORIDA 32789 (305) 644-4068

DESIGNED BY: NBM, MEG
DATE: 5/87

APPROVED BY: NBM
DATE: 5/87

JOB NUMBER
86156-0123

SCALE
1"=100'

REVISIONS

NO.	DATE	DESCRIPTION
1	5/87	REVISED LAYOUT WHEN CONSERVATION AREA

DONALD W. MCINTOSH ASSOCIATES, INC.
PRINTED
JUN 10 1987

NEW: B. REED, P.E.
FL. REG. NO. 25511
SEE WILD HATERS' GUIDE

1 DR #16

Internal ID	Project ID	Description	Project Type	Coder	ext Approv	Project Approv	Status	Subsidiary	Budget Amount	Currency	Budget Type	Proposal #
1647464	40852	GSH-WWTP TRAIN #3 AIR LEAKS	Recurring	Iserrano		Approved	Closed	Sun US	1,132.81	USD	Child	1
1647477	40857	GSH-LOT 1413/1414 MSL BREAK	Recurring	Iserrano		Approved	Closed	Sun US	3,300.00	USD	Child	2
1648008	40875	GSH-LOT 1373 MSL 4" BREAK	Recurring	Iserrano		Approved	Closed	Sun US	3,355.97	USD	Child	3
1648540	40887	GSH-WWTP CLARIFIER #3 HOLES	Recurring	Iserrano		Approved	Closed	Sun US	2,365.15	USD	Child	4
1655842	40914	GSH-CH 3 Circulation Pump Replacement	Recurring	Iserrano		Approved	Closed	Sun US	667.50	USD	Child	5
1720748	41363	GSH-WWTP Wheels Trolley 2 Tank 3	Recurring	Iserrano		Approved	Closed	Sun US	5,233.27	USD	Child	6
1800820	41907	GSH-WWTP Bar Screen Replacement	Recurring	Iserrano		Approved	Closed	Sun US	3,974.68	USD	Child	7
1800822	41908	GSH-WWTP Train 3 Skimmer-Train 2 Handrail	Recurring	Iserrano		Approved	Closed	Sun US	4,375.14	USD	Child	8
2108623	43813	GSH-GSH - Lot 1003 MSL Repair 3" DWV	Recurring	Iserrano		Approved	Closed	Sun US	2,936.10	USD	Child	9
2119978	43878	GSH-WWTP Blower PM Assy	Recurring	Iserrano		Approved	Closed	Sun US	1,074.49	USD	Child	10
2185496	44191	GSH-CH 1 Tamper Switch Backflow Replacement	Recurring	Iserrano		Approved	Closed	Sun US	1,623.80	USD	Child	11
2185601	44194	GSH-GSH-Lot 1431 2" Gate Valve/Pipe replacement	Recurring	Iserrano		Approved	Closed	Sun US	3,785.28	USD	Child	12
2185703	44195	GSH-GSH-Lift Station 5 Impeller Replacements	Recurring	Iserrano		Approved	Closed	Sun US	7,574.34	USD	Child	13
2652673	45617	GSH-WWTP 2" Ball Valve Replacement	Recurring	Iserrano		Approved	Closed	Sun US	961.21	USD	Child	14
3392886	49597	GSH-WWTP Skimmer Assy/Walkway Grating repairs/replacements	Recurring	Iserrano	mslider	Approved	Closed	Sun US	20,614.76	USD	Child	15
3502857	50350	GSH-Lot 3212-3213 2" pipe replacement/repair	Recurring	Iserrano		Approved	Closed	Sun US	1,275.11	USD	Child	16
3715137	51397	GSH-WWTP Stenner Pump Replacement	Recurring	Iserrano		Approved	Closed	Sun US	845.44	USD	Child	17
4941867	58290	GSH-LS #1 Discharge Pipe - Float replacements	Recurring	Iserrano		Approved	In Progress	Sun US	7,398.77	USD	Child	18
5008599	58700	GSH-WWTP Trolley Cable System Replacement	Recurring	Iserrano		Approved	In Progress	Sun US	20,232.19	USD	Child	19
5134152	59596	GSH-CH 3 LED Light replacements	Recurring	Iserrano		Approved	Closed	Sun US	1,823.28	USD	Child	20
5161652	59667	GSH-WWTP Blower PM-Starter Blower 1	Recurring	Iserrano		Approved	Closed	Sun US	2,834.78	USD	Child	21
180366591	Total								97,384.07			

U.S. Water[®]

Services Corporation

2630 NW 35th St
Ocala, Fl. 34475

Proposal



Date	1/29/2024
Estimate #	J01912-2080
Account#	
P.O. #	
Terms	Net 30
Fax#	352-805-4528
Phone#	352-630-2958
Toll Free#	866-753-8292

Name / Address

Gulfstream Harbor
4505 Old Goldenrod Rd.
Orlando, Fl. 32802
C/O Lucy Serrano

Project

WWTP Train #3 Severe Air Leaks

Description

Scope;

USW will remove this old cracked header and diffuser piping and replace with new. Check for proper operation of diffuser and header after repairs. Lead time 2-6 weeks.

Code Reference;

64E-8.005(1)(a) through (c), FAC. All components shall function properly at all times. Should the system shut down the supplier shall take steps to restore it immediately. 64E-8.005(2)(a), (b) and (h), FAC. All components shall be in good repair and as intended. Replacement components shall be with new or like new products and approved per .002(6)



Leaking Piping

Price listed represents the specific scope of service stated above

Proposal as quoted represents, labor, material and project management specific to the items listed.

With exception of emergency circumstances, should it become necessary to perform additional services due to unforeseen circumstances, a change order will be required and shall be executed by the owner prior to continuation of work.

Payment is expected with in 30 days from receipt of invoice(s) related to work.

Effective term is 30 days from date of proposal.

US Water Services reserves the right to apply "Price in Effect" at time of delivery due to shortages and/or further tariff declarations by state or federal agencies. US Water Services will not be responsible for industry price changes or shortages beyond our control as a result of changes to the current tariff law.

Item

Quantity

3x 1-1/4" Saddle	1
Misc Galv Pipe/Fittings	1
1-1/4" Brass Ball Valve	1

Disposal Fee	1
--------------	---

Shop Consumables	1
------------------	---

Total Materials Cost	\$522.49
-----------------------------	-----------------

Shipping & Handling

Labor Total	\$610.32
-------------	----------

Monica Slider 1/30/24

Thank You for allowing us to present this proposal.

\$1,132.81

Signature to begin work: _____

CREATIVE

MultiCare, Inc.



PLUMBING
SERVICES
(407) 426-165

A Division of Creative MultiCare, Inc.

Office 407-677-1911
Fax 407-677-9988

PO Box 1147 Jonesboro, Ga. 30273

Date: 11/6/2023
ARRIVAL TIME: _____ COMPLETION TIME: _____
PO #: _____
TECH(S): Angel, Jake, Chris, Joelia
PHONE: _____

INVOICE FP152226

CREATIVE

MultiCare, Inc.

A Creative Commitment

OCC or VAC

DIVISION: CAP JET

QTY	MATERIAL	PRICE	AMOUNT
2	2" Hymax Couplings	678	\$1,356.00
5'	2" SCH 80 pipe	6	\$31.00
	Consumables		\$23.00
	Mud Hog		\$10.00
	</		

COMMENTS / RECOMMENDATIONS

CUSTOMER INFORMATION	
Customer Name:	Gulfstream Harbor
Job Address:	5418 Jean Dr
City, State:	ORLANDO, FL Unit:
Job Location:	Main line leak
DESCRIPTION OF WORK / QUOTE	
Leak on 2" main water line leak behind home.	
Exposed area to locate leak and replace a 5' section of 2" pipe with	
2" SCH 80 pipe and hymax fittings.	
Once repairs completed, tested and backfilled area	
Not responsible for landscape repairs	
Is Estimate: Yes / No	
The below signature certifies that I have ordered the services contained herein, I hereby acknowledge the satisfactory completion of the above described work, I agree to authorization of payment thereon, and agree that Creative MultiCare, Inc. is not responsible for any injury after the technician leaves the worksite.	
Signature	
Print Name	
Please	payment for
Total Material	\$1,410.00
Total Labor	\$1,880.00
Equipment	\$10.00
Tax	
Total Due	\$3,300.00

CREATIVE

MultiCare, LLC



PLUMBING
SERVICES
CFC1426165

407-677-1911

Fax: 407-641-8466

A Division of Creative MultiCare, LLC

PO Box 1147 Jonesboro, Ga. 30237

QTY	MATERIAL	PRICE	AMOUNT
5	4" NO hub (Husky)	115	20
30	4" PVC Sch 40	174	93
1	4" 22	8	51
1	4" 2 way 90	28	13
1	4" (om bo)	31	12
	Byrd. Fil. (Sand.)	238	=
		595.99	
1	Exp Dump Liner	N/C	

LABOR	HOURS	RATE	AMOUNT
Mat R. (9:30 to 5:30) P			
Joelia. (9:30 to 5:30) M			
Shure. S (9:30 to 5:30) P			

#2760

COMMENTS / RECOMMENDATIONS

APPROVE _____ DECLINE _____ DATE _____

Date: 2/26/24

INVOICE FP 170949

ARRIVAL TIME:

COMPLETION TIME:

PO #:

TECH(S):

Mat R. / Joe / Shane

PHONE:

☒ or VAC

DIVISION: ☒ JET

A Creative Commitment



CUSTOMER INFORMATION

Customer Name: Gulf Stream Harbor Lot # 1373

Job Address: 5506 Marty Rd

City, State: Orlando FL Unit: -

Job Location: Broken Sewer Pipe. To Include Multiple Fitting.

DESCRIPTION OF WORK / QUOTE

Called at forepiece broken sewer line, upon arrival dug down 3 1/2 ft and 20 ft in length to expose 4" that was separated at wye. Made repair with listed materials. After repair tested to ensure no leaks/proper flow. Backfill hole and cleaned work area.

Mat R. / Joe / Shane

Is Estimate: Yes / ☒ No

By signing below, I acknowledge and agree that I am an authorized agent of the above-named Customer; that Customer ordered the above-described Work ("the Work"); that Creative MultiCare, LLC dba 24/7 Construction Plumbing Services, Inc. ("Creative") has timely completed the Work; that Customer shall timely pay the total amount due of this invoice; that Creative's terms apply and any amounts remaining due past 45 days will accrue monthly interest of 1.5%; that Customer shall pay reasonable attorney's fees if Creative is required to take any action to collect any amount due; and that Creative is not responsible for any injury/damage incurred after Creative's technician(s) leaves the Job Location.

Signature

Print Name

Please remit payment to:

Creative MultiCare, LLC PO Box 1147, Jonesboro, Ga. 30237

Total Material

Total Labor

Tax

Total Due Please Pay This Amount

Thank You!

595.99
2,760.00
Tax
Total Due \$3,355.99



2630 NW 35th St
Ocala, FL 34475


Proposal

4

Date	12/14/2023
Estimate #	J01912-2078
Account#	
P.O. #	
Terms	Net 30
Fax#	352-805-4528
Phone#	352-630-2958
Toll Free#	866-753-8292

Name / Address
Gulfstream Harbor 4505 Old Goldenrod Rd. Orlando, FL 32802 C/O Lucy Serrano

Project
Clarifier #3 Holes Repair

Description	Item	Quantity
<p>Wastewater plant clarifier #3 has a couple holes rusted completely through.</p> <p>Scope; USW will prep, repair and paint where these two holes are located on the clarifier #3 wastewater plant. Plant will need to be decanted below corroded area prior to work. Lead time 4-6 weeks.</p> <p>Code Reference; 64E-8.005(1)(a) through (c), FAC. All components shall function properly at all times. Should the system shut down the supplier shall take steps to restore it immediately. 64E-8.005(2)(a), (b) and (h), FAC. All components shall be in good repair and as intended. Replacement components shall be with new or like new products and approved per .002(b)</p>  <p>Price listed represents the specific scope of service stated above. Proposal as quoted represents, labor, material and project management specific to the items listed. With exception of emergency circumstances, should it become necessary to perform additional services due to unforeseen circumstances, a change order will be required and shall be executed by the owner prior to continuation of work. Payment is expected with in 30 days from receipt of invoice(s) related to work. Effective term is 30 days from date of proposal.</p> <p>US Water Services reserves the right to apply "Price in Effect" at time of delivery due to shortages and/or further tariff declarations by state or federal agencies. US Water Services will not be responsible for industry price changes or shortages beyond our control as a result of changes to the current tariff law.</p>	Cut Torch	1
	Stock Metal	2
	Welder	1
	Paint Supplies	1
	Decant Pump	1
	Disposal Fee	1
	Shop Consumables	1
	Total Materials Cost	\$941.07
	Shipping & Handling	
	Labor Total	\$1,424.08
Thank You for allowing us to present this proposal.		\$2,365.15

Signature to begin work: *Lucy Serrano* 12/18/23

5

Transparent Services Corporation
712 Tranquil Trail
Winter Garden, FL 34787 US
ms@transparentservices.com



Estimate

ADDRESS
Gulfstream Harbor
4505 South Goldenrod Road
Orlando, FL 32822 USA

ESTIMATE # 1432
DATE 01/02/2024
EXPIRATION DATE 01/13/2024

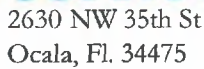
ACTIVITY	QTY	RATE	AMOUNT
Material SPA #3 Circulation Pump 1 1/2 hp 1 Year Manufacture Warranty	1	462.50	462.50
Material Shaft Seal	1	55.00	55.00
Labor Circulation Motor Replacement	1.50	100.00	150.00
SUBTOTAL			667.50
TAX			0.00
TOTAL			\$667.50

Accepted By

Lucy Auman

Accepted Date

1/4/2024



6

Name / Address
Gulfstream Harbor 4505 Old Goldenrod Rd. Orlando, Fl. 32802 C/O Lucy Serrano

Wheels Trolley#2 Tank#3

Front Wheels

[illegible]

\$5,233.27

Monica Slider

04/09/2024

U.S. Water[®]

Services Corporation

2630 NW 35th St
Ocala, Fl. 34475

Proposal

Date	4/16/2024
Estimate #	101912-2074
Account#	
P.O. #	
Terms	Net 30
Fax#	352-805-4528
Phone#	352-630-2958
Toll Free#	866-753-8292

7

Name / Address

Gulfstream Harbor
4505 Old Goldenrod Rd.
Orlando, Fl. 32802
C/O Lucy Serrano

Project

WWTP Bar Screen Replace

Description

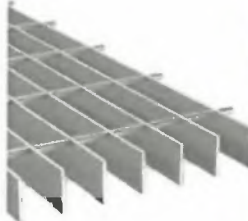
Existing screen on bar screen assembly needs replacement.

Scope;

USW will fabricate and install a new screen for this bar screen assembly. Check for proper placement and operation after installation. Lead time 3-4 weeks.

Code Reference;

64E-8.005(1)(a) through (c), FAC. All components shall function properly at all times. Should the system shut down the supplier shall take steps to restore it immediately. 64E-8.005(2)(a), (b) and (h), FAC. All components shall be in good repair and as intended. Replacement components shall be with new or like new products and approved per .002(6).



Price listed represents the specific scope of service stated above.

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Item

Quantity

Aluminum Grating	1
Welder/Day	1
Cut Torch/Day	1
Draining Plate	1
Misc Pipe/Fittings	1
Aluminum Weld Rods	1

Disposal Fee	1
Shop Consumables	1

Total Materials Cost **\$2,395.06**

Shipping & Handling

Labor Total **\$1,579.62**

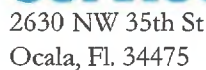
Thank You for allowing us to present this proposal.

\$3,974.68

Signature to begin work:

Monica Slider

04/18/24



8

Date	3/19/2024
Estimate #	101912-2082
Account#	
P.O. #	
Terms	Net 30
Fax#	352-805-4528
Phone#	352-630-2958
Toll Free#	866-753-8292

Name / Address
Gulfstream Harbor 4505 Old Goldenrod Rd. Orlando, Fl. 32802 C/O Lucy Serrano

Project

Train #3 Skimmer and Train #2 Handrail

Description

WWTP train #3 skimmer keeps clogging, pipe is either obstructed or has collapsed. Train #1 handrail is detached in two areas.

Scope:

USW will decant basins to make room for repairs. Use crane to lift skimmer assembly and walkway grating. Replace train #3 skimmer and piping with new. Use stock carbon steel to fabricate and weld new supports for two areas on handrail/walkway on train #1. Prep and paint work area after completion of handrail and grating work. Check for proper skimmer operation after completion. Lead time 2-4 weeks.

Code Reference:

64E-8.005(1)(a) through (c), FAC. All components shall function properly at all times. Should the system shut down the supplier shall take steps to restore it immediately. 64E-8.005(2)(a), (b) and (h), FAC. All components shall be in good repair and as intended. Replacement components shall be with new or like new products and approved per .002(6)



Price listed represents the specific scope of service stated above.

Proposal as quoted represents, labor, material and project management specific to the items listed.

With exception of emergency circumstances, should it become necessary to perform additional services due to unforeseen circumstances, a change order will be required and shall be executed by the owner prior to continuation of work.

Payment is expected with in 30 days from receipt of invoice(s) related to work.

Effective term is 30 days from date of proposal.

US Water Services reserves the right to apply "Price in Effect" at time of delivery due to shortages and/or further tariff declarations by state or federal agencies. US Water Services will not be responsible for industry price changes or shortages beyond our control as a result of changes to the current tariff law.

Item	Quantity
Crane Truck	1
PVC Pipe/Fittings	1
Stock Steel	4
Welder/Day	1
Paint	1
Grinder and Wheels	1
Cut Torch/Day	1
Disposal Fee	1
Shop Consumables	1
Total Materials Cost	\$1,933.86
Shipping & Handling	
Labor Total	\$2,441.28

Thank You for allowing us to present this proposal.

\$4,375.14

Signature to begin work: Monica Slider 04/18/24

CREATIVE

MultiCare, Inc.

Jacksonville Office: 904.384.1047 | Orlando Office: 407-677-1911
Tampa Office: 727.442.5566



PROPOSAL

Gulf Stream Harbor 5514 R.D Avenue Orlando		04-08-2024 Manager : Scott Wert
Location	5514 R.D Avenue	
Area	Description	Unit Price
	Reroute broken sewer line	
	<p>We will locate the sewer main outside the Mobil home footprint. Once located, we will expose, remove a 3" section to install the new 3" DWV pipe and fittings from above ground under Mobil home. (One the new 3" DWV exits from under the home, we will install it under ground with appropriate fittings and attach it to the non-damaged sewer main)</p> <p>It should also be noted that we will install a new 2-way cleanout on the new rerouted sewer main.</p> <p>Once all new pipe and fittings are installed as per this proposal, we will backfill to grade.</p> <p>***This quote is a revised quote to invoice FP2159467***</p>	<p>Labor 2 men x 8hrs = \$2,000.00</p> <p>Materials \$561.10 if DWV (pipe, fittings, consumables)</p> <p>Equipment Camera \$125.00 Jett \$250.00</p>
	Total	\$ 2936.10
Additional Notes	Permit not included. Engineering not included. Locates by others if required. Not responsible for sod, shrubs, or landscaping.	

Scope of Work: Thank you for the opportunity to submit this proposal. All labor and material are included to complete this job. We look forward to completing this job in a timely manner.

Notes: This quote is for services for the areas listed above. If you have any questions concerning this quote you may contact us at 407-677-1911.

Quotation valid for 30 Days

Quotation prepared by: **Scott Wert**

To accept this quotation, sign here and return

Monica Slider

04/09/24

Date

4/09/24

MISSION STATEMENT: TO PROVIDE OUR CUSTOMERS SUPERIOR AND TIMELY SERVICE AT A FAIR PRICE. TO GROW OUR BUSINESS BEING MINDFUL THAT OUR CUSTOMERS AND EMPLOYEES ARE OUR MOST IMPORTANT ASSETS. TO CREATE OPPORTUNITIES, BE A GOOD CORPORATE CITIZEN AND STRIVE TO ENHANCE THE QUALITY OF LIFE IN THE AREAS WE SERVE.

U.S. Water[®]

Services Corporation

2630 NW 35th St
Ocala, FL 34475

Proposal

Date	3/14/2024
Estimate #	J01912-2083
Account#	
P.O. #	
Terms	Net 30
Fax#	352-805-4528
Phone#	352-630-2958
Toll Free#	866-753-8292

10

Name / Address

Gulfstream Harbor
4505 Old Goldenrod Rd.
Orlando, Fl. 32802
C/O Lucy Serrano

Project

WWTP-Blower PM

Description

Scope;
Lock out/tag out blower/motor assy.
Grease blower bearings.
Install new belts, oil and intake filter element.
Adjust belts to proper operating tension and run to ensure proper operations.
Repeat above with other blower/motor assy.

Code Reference:

64E-8.005(1)(a) through (c), FAC. All components shall function properly at all times. Should the system shut down the supplier shall take steps to restore it immediately. 64E-8.005(2)(a), (b) and (h), FAC. All components shall be in good repair and as intended. Replacement components shall be with new or like new products and approved per .002(6).

Blower/motor package



Price listed represents the specific scope of service stated above.

Proposal as quoted represents, labor, material and project management specific to the items listed.

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Payment is expected with in 30 days from receipt of invoice(s) related to work.

Effective term is 30 days from date of proposal.

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Item

Quantity

Synthetic Oil	2
Grease	2
Blower Belts	4
Intake Filter Element	2

Disposal Fee	1
Shop Consumables	1
Total Materials Cost	\$667.61

Shipping & Handling

Labor Total **\$406.88**

Thank You for allowing us to present this proposal.

\$1,074.49

Signature to begin work:

Lucy Serrano 3/22/24



2630 NW 35th St
Ocala, FL 34475

Proposal

Date	4/9/2024
Estimate #	101912-2085
Account#	
P.O. #	
Terms	Net 30
Fax#	352-805-4528
Phone#	352-630-2958
Toll Free#	866-753-8292



Name / Address

Gulfstream Harbor
4505 Old Goldenrod Rd.
Orlando, FL 32802
C/O Lucy Serrano

Project

Backflow Device Irrigation CH-1 Fire Flow Protection

Description

Fire inspection performed on 4-2-2024 revealed a backflow tamper switch that had failed.
Scope;
USW will install a new OS&Y tamper switch in the alarm initiating device. The panel batteries were replaced by client on 4-2-2024 during the inspection. Check for proper operation after repairs. If additional issues are found a separate proposal may be created. Lead time 2-6 weeks.

Code Reference;

64E-8.005(1)(e) through (c), FAC. All components shall function properly at all times. Should the system shut down the supplier shall take steps to restore it immediately. 64E-8.005(2)(e), (b) and (h), FAC. All components shall be in good repair and as intended. Replacement components shall be with new or like new products and approved per .002(6)

Price listed represents the specific scope of service stated above.

Proposal as quoted represents, labor, material and project management specific to the items listed.

With exception of emergency circumstances, should it become necessary to perform additional services due to unforeseen circumstances, a change order will be required and shall be executed by the owner prior to continuation of work.

Payment is expected within 30 days from receipt of invoice(s) related to work.

Effective term is 30 days from date of proposal.

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Item

Quantity

OS&Y Tamper Switch

1

Disposal Fee

1

Shop Consumables

1

Total Materials Cost

\$1,115.20

Shipping & Handling

Labor Total

\$508.60

Thank You for allowing us to present this proposal.

\$1,623.80

Signature to begin work:

Lucy Serrano 4/09/24

CREATIVE

MultiCare, LLC



PLUMBING
SERVICES
CFC1426165

407-677-1911

Fax: 407-641-8466

A Division of Creative MultiCare, LLC

PO Box 1147 Jonesboro, Ga. 30237

QTY	MATERIAL	PRICE	AMOUNT
(1)	2" IPS X 2" IPS BACK.	321 ¹² / ₁₀₀	
(1)	2" R.P. MIP	36 ¹⁰ / ₁₀₀	
(1)	2" R.P. Slip Coupt.	41 ¹⁰ / ₁₀₀	
5	2" Copper Pipe.	90 ¹⁰ / ₁₀₀	
		#1788 28	
1	MAN Excavator.	1295	
1	MAN Hog.	150	

LABOR	HOURS	RATE	AMOUNT
Joel, M } Angel } Dustin, H. }	4.5	#1,552 ⁵⁰ / ₁₀₀	

COMMENTS / RECOMMENDATIONS

APPROVE _____ DECLINE _____ DATE _____

Date: 5/8/24

INVOICE FP 178159

ARRIVAL TIME:

COMPLETION TIME:

PO #:

TECH(S):

Joel M / Angel / DUSTIN

PHONE:

OCC or VAC

DIVISION: CAP JET

A Creative Commitment



CUSTOMER INFORMATION

Customer Name:

Gulf Stream Harbor

Job Address:

5586 Jean DR.

City, State:

ORL

Unit:

5586 Lot 1431

Job Location:

ML Break / Emergency Service.

DESCRIPTION OF WORK / QUOTE

* Found. that Water Was coming Up via an existing Valve CAN.

* We Removed All Earth and Water From the Bottom Section of pipe. (IN the Green Area)

* We Found. that the Valve CAN Had Been RUN OVER AND PUSHED DOWN. this caused the Sch. 80 MIP TO BREAK Inside of the 2" Com Gate Valve.

* We Shut Water off and Rejoined w/ the listed Is Estimate: Yes / ☒ No. (All New Pex, Fittings Tested Good).

By signing below, I acknowledge and agree that I am an authorized agent of the above-named Customer, that Customer ordered the above-described Work ("the Work"), that Creative MultiCare, LLC via 24/7 Construction Plumbing Services, Inc. ("Creative") satisfactorily completed the Work, that Customer shall timely pay the total amount due of this Invoice, that Net 45 terms apply and that any amounts remaining due past 45 days will accrue monthly interest of 1.5%, that Customer shall pay reasonable attorney's fees if Creative is required to take any action to collect any amounts due, and that Creative is not responsible for any injury/damage incurred after Creative's technicians leave the Job Location.

Signature

Huey Serrano

Print Name

Huey Serrano

Please remit payment to:

Total Due Please Pay This Amount

Thank You!

Total Material

788 ²⁸/₁₀₀

Total Labor

1,552 ⁵⁰/₁₀₀

Equip.

1,445 ⁰⁰/₁₀₀

Tax

3,785 ²⁸/₁₀₀

Creative MultiCare, LLC PO Box 1147, Jonesboro, Ga. 30237

Consta Flow Inc

5574 Commercial Boulevard
Winter Haven, FL 33880
(863) 965-2599
emily@constaflow.com

Amy Herndon
2/22/2024


Estimate

ESTIMATE#	1372
DATE	02/21/2024
PO#	

CUSTOMER
Gulfstream Harbor 4505 South Old Goldenrod Road Orlando FL 32822 4079652836x2Lu

SERVICE LOCATION
Gulfstream Harbor 4505 South Old Goldenrod Road Orlando FL 32822 4079652836x2Lu

DESCRIPTION	Replace impeller and wear ring on both pumps L/S #5.
-------------	--

Estimate			
Description	Qty	Rate	Total
Service Technician	10.00	145.00	1,450.00
Impeller	2.00	2,369.13	4,738.26
Wear Ring	2.00	320.28	640.56
Freight	1.00	250.00	250.00
FL Tax		7.00%	495.52

CUSTOMER MESSAGE

Estimate Total: \$7,574.34

PRE-WORK SIGNATURE

Signed By:

CREATIVE

MultiCare, Inc.



PLUMBING
SERVICES
CVC1426165

407-677-1911
Fax: 407-641-8466

PO Box 1147 Jonesboro, Ga. 30237

QTY	MATERIAL	PRICE	AMOUNT
1	2" IPS McDonald	32.60	32.60
1	2" Sch 80 90	17.00	17.00
1	2" Threaded Valve	142.00	142.00
1	2" Sch 80 M.E.P.	24.00	24.00
1	CONSUMABLE	13.00	13.00
			<u>\$525.00</u>
LABOR		HOURS	RATE
Stephen B.		3.5	125.00
			<u>437.50</u>
COMMENTS / RECOMMENDATION			

APPROVE

DECLINE

DATE

Date: 6/1/24

INVOICE FP 1583

PO #:

TECH(S): Stephen, Andre

PHONE:

OCC or VAC

DIVISION: CAP JET

A Creative Commitment



CUSTOMER INFORMATION

Customer Name: Gold Stream Harbor MHP

Job Address: 4505 Old Goldenrod Rd

City, State: Orlando FL 32832 Unit: Waste treatment plant

Job Location: WPA Flank - Emerson and Services

Called for looking at bill valve found broken make. As our looking section and make repair with the parts listed. Turned water on and tested. All repairs made before good at this time.

Thank You!

Under \$100	523	21
	437	50

Signature

Print Name

Please remit payment to:

Total Due

Thank You!

Creative MultiCare, Inc. PO Box 1147, Jonesboro, Ga. 30237

EXHIBIT B
Contractor/Vendor Proposal

15



2630 NW 35th St
Ocala, FL 34475

Proposal

Date	8/8/2024
Estimate #	J01912-2082x
Account#	
P.O. #	
Terms	Net 30
Fax#	352-805-4328
Phone#	352-630-2958
Toll Free#	866-753-8292

Name / Address

Gulfstream Harbor
4505 Old Goldenrod Rd.
Orlando, FL 32802
C/O Lucy Serrano

Project

Train #3 Skimmer and Train #2 Handrail

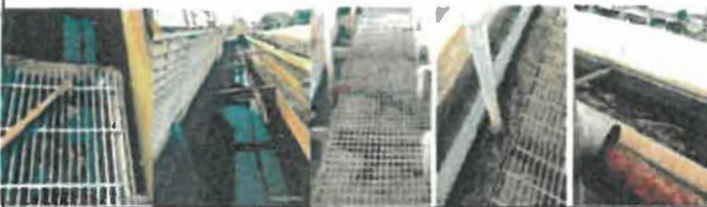
Description

WWTP train #3 skimmer keeps clogging, pipe is either obstructed or has collapsed. Train #1 (national) is detached in two areas. We started to fix the handrails at train #1, we discovered damage with all the supports and term wall. We talked with maintenance manager of the property and investigation all the issues found. Need to re-construct supports below.

Utility will decent beams to make room for repairs. Use crane to lift skimmer assembly and walking grating. Pin through enough to make structural. Replace train #3 skimmer and piping with new. Use stock catch steel to fabricate four new supports for two areas on handrail/utility on train #1. Weld in support beams to make assembly safe for passage. Salvage and reuse existing grating. Check for proper skimmer operation. Load time 8-4 weeks.

Costs References

8454.3041 (4) through (5), FAC. All components shall be in good repair at all times. Should the system and down the supplier shall take them to re-use it immediately. 8454.0002(a), (3) and (6), FAC. All components shall be in good repair and as intended. Replacement components shall be all new or the new products and approved per (22);



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With exception of emergency circumstances, should it become necessary to perform additional services due to unforeseen circumstances, a change order will be required and shall be executed by the owner prior to continuation of work.

Payment is expected with in 30 days from receipt of invoice(s) related to work.

Effective term is 30 days from date of proposal.

US Water Services reserves the right to apply "Price in Effect" at time of delivery due to shortages and/or further tariff declarations by state or federal agencies. US Water Services will not be responsible for industry price changes or shortages beyond our control as a result of changes to the current tariff fee.

Item	Quantity
Crane Truck/Day	1
PVC Pipe/Fittings	1
Hand Rail	10
Welder/Day	1
By Pass Pump Equipment	2
Grinder and Wheels/Day	2
Cut Torch/Day	2
Metal Sheet Panel	4
Stock Angle Iron	1
Misc Support Parts	1

Disposal Fee	1
Shop Consumables	1

Total Materials Cost \$9,603.98

Shipping & Handling

Labor Total \$11,008.58

Thank You for allowing us to present this proposal.

\$20,614.76

Signature to begin work: _____

EXHIBIT C
Form of Change Order

15
pg 2

CHANGE ORDER

PROJECT:
(name, address)

CHANGE ORDER NO.

DATE:

ENGINEER'S PROJECT NO:

CONTRACT DATE:

CONTRACT FOR:

Site work in accordance with the Contract Documents
as agreed to by Sun Communities Operating Limited
Partnership and (NAME OF CONTRACTOR),
(hereinafter collectively referred to as the
"Construction Contract").

TO:
(CONTRACTOR)
(name, address)

The Construction Contract is changed as follows:

The Owner and Contractor as identified herein, hereby agree that the
Construction Contract between the Owner and Contractor for the
Project identified herein shall be modified as follows:

See Schedule "A" attached hereto and made a part thereof.

Except as specifically amended by this Change Order No., the
Construction Contract shall remain in full force and effect and the
Owner and Contractor hereby ratify and confirm the terms and
conditions of the Construction Contract in all respects.

The Original (Contract Sum) (Guaranteed Maximum Price).....
Net Change by previously authorized Change Orders.....
The (Contract Sum) (Guaranteed Maximum Price) prior to this change order was..... \$ 0.00
The Original (Contract Sum) (Guaranteed Maximum Price) will be (increased) (decreased)
(unchanged) by this Change Order in the amount of.....
The new (Contract Sum) (Guaranteed Maximum Price) including this Change Order will be... \$ 0.00
The Contract Time will be (increased) (decreased) (unchanged) by -0- Day(s)
The date of Substantial Completion as of this Change Order therefore is Unchanged
This summary reflects all changes to date in the Contract Sum, Contract Time or Guaranteed Maximum Price which have been
authorized by the Owner.

NOT VALID UNTIL SIGNED BY THE OWNER AND CONTRACTOR

CONTRACTOR:

OWNER:

BY: _____

By:
ITS:

BY: _____

Bruce Thelen

ITS: _____

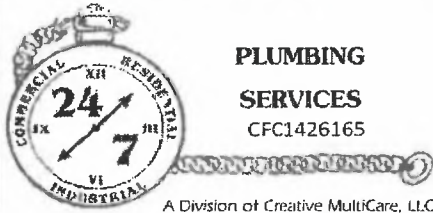
ITS: Chief Operating Officer

Date: _____

Date: _____

CREATIVE

MultiCare, LLC



PLUMBING
SERVICES
CFC1426165

407-677-1911

Fax: 407-641-8466

A Division of Creative MultiCare, LLC

PO Box 1147 Jonesboro, Ga. 30237

QTY	MATERIAL	PRICE	AMOUNT
1	2" pvc sch 80 coupling	6.42	
1	2" pvc sch 80 tee	27.12	
1	2 x 1 1/2 bushing	19.45	
1	1 1/2 x 1 1/4 bushing	7.82	
1	1 1/4 x 1 bushing	7.42	
1	1 x 3/4 bushing	3.68	
1	3/4 cts x 1/2 sch. 80	17.82	
1	3/4 sch. 80	11.28	
6	3/4 pex 90	3.32	
1	2" pvc sch 80 pipe	18.52	
1	3/4 pex pipe/fittings	15.12	
1	2" pvc ford coupling	326.09	
1	consumable	25.12	

LABOR	HOURS	RATE	AMOUNT
plumber	3 1/2	125.00	
helper	3 1/2	95.00	

COMMENTS / RECOMMENDATIONS

Date: 8/26/24

INVOICE FP 182535

ARRIVAL TIME: COMPLETION TIME:

PO #:

TECH(S): Ignacio / Angel

PHONE:

OCC or VAC

DIVISION: CAP JET

A Creative Commitment



CUSTOMER INFORMATION

Customer Name: Gulf Stream Harbor
Job Address: 8102 White marlin ave
City, State: Orlando Unit: 3212 + 3213
Job Location:

DESCRIPTION OF WORK / QUOTE

Went to back of house and found water coming up out of ground by water meter's had to shut off water / dig down and exposed 2 inch pvc pipe and found 2 inch tee with hole in it cut out old fittings and installed new 2" sch 80 pipe with new fittings tied back in turned on water test and working properly back filled with dirt up to grade.

Is Estimate: Yes / No

By signing below, I acknowledge and agree that I am an authorized agent of the above-named Customer, that Customer ordered the above-described Work ("the Work"), that Creative MultiCare, LLC dba 24/7 Construction Plumbing Services, Inc. ("Creative") satisfactorily completed the Work, that Customer shall timely pay the total amount due of this invoice, that Net 45 terms apply and that any amounts remaining due past 45 days will accrue monthly interest of 1.5%, that Customer shall pay reasonable attorney's fees if Creative is required to take any action to collect any amounts due, and that Creative is not responsible for any injury/damage incurred after Creative's technicians leaves the Job Location.

Signature: Lucy Serrano

Print Name: Lucy Serrano

Please remit payment to:

Creative MultiCare, LLC PO Box 1147, Jonesboro, Ga. 30237

Total Material

Total Labor

Tax

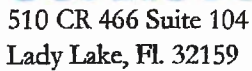
Total Due →

Please Pay This Amount

Thank You!

\$505.12
\$770.00
\$1,275.12

APPROVE _____ DECLINE _____ DATE _____



17

Date	10/14/2024
Estimate #	J01912-2091
Account#	
P.O. #	
Terms	Net 30
Fax#	352-805-4528
Phone#	352-281-1202
Toll Free#	866-753-8292

Name / Address
Gulfstream Harbor 4505 Old Goldenrod Rd. Orlando, Fl. 32802 C/O Lucy Serrano

WWTP Stenner Pump Installation

Scope:

Remove and dispose of the non-functioning chlorine pump.
Replace with a new Stenner 85MHP17 chlorine injection pump.
Run to ensure proper chlorination is obtained.



Item	Quantity
Stenner Chlorine Pump	1
Shop Consumables	1
Total Materials Cost	\$642.00

Price listed represents the specific scope of service stated above.

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Shipping & Handling

Labor Total	\$203.44
-------------	----------

Thank You for allowing us to present this proposal.

\$845.44

Signature to begin work:

Suey Senar 10/15/24



Estimate

Consta Flow Inc

5574 Commercial Boulevard
Winter Haven, FL 33880
(863) 965-2599
Jennifer@constaflow.com

ESTIMATE#

1953

DATE

02/10/2025

PO#**CUSTOMER**

Gulfstream Harbor
4505 South Old Goldenrod Road
Orlando FL 32822
(407) 965-2836

SERVICE LOCATION

Gulfstream Harbor
(407) 965-2836

DESCRIPTION

Enter wet well and repair broken 4 inch discharge pipe on No. 1 pump. Remove hydraulic cement covering float wires and replace all 4 floats.

Lift station #1.

Estimate

Description	Qty	Rate	Total
Service Technician 3 men	30.00	145.00	4,350.00
Confined Entry Confined Space Entry	1.00	1,000.00	1,000.00
Elbow 90 SCH80 4.0"	1.00	34.32	34.32
Coupling PVC80 4.0" SxS	1.00	37.39	37.39
4.0" SCH 80 PVC Pipe	10.00	22.42	224.20
Float 50 ft, S50NO (Roto)	4.00	139.54	558.16
Float Disposal Fee	4.00	15.00	60.00
Romac 4" Alpha (Grip)	1.00	682.95	682.95
FL Tax		7.00%	2.62
FL-Orange		6.50%	449.13

CUSTOMER MESSAGE**Estimate Total:****\$7,398.77**

U.S. Water[®]

Services Corporation

510 CR 466 Suite 104
Lady Lake, FL 32159

Proposal

19

Date	3/18/2025
Estimate #	101912-2103r
Account#	
P.O. #	
Terms	Net 30
Fax#	352-805-4528
Phone#	352-630-2958
Toll Free#	866-753-8292

Name / Address

Gulfstream Harbor
4505 Old Goldenrod Rd.
Orlando, FL 32802
C/O Lucy Serrano

Projects

Trolley Cable System, Pull Clean Diffusers, Welding Digester and Trolley Wheel

Description

USW to do following projects

- 1) Construct trolley cable system and replace wheel for #1 trolley - \$12126
- 2) Pull clean diffusers in tanks - \$3994.32
- 3) Welding of digester hole - \$2966.65

Scope:

Trolley cable support system, USW will fabricate/build and install for proper operation and safety. Replace trolley wheel.

Wastewater plant diffusers, USW will pull and clean diffusers.

Digester has a void, USW will patch with welder using plate metal stock.

3-6 weeks.



Price listed represents the specific scope of service stated above.

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Effective term is 30 days from date of proposal.

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Item

Quantity

Trolley Cable System	1
Pull Clean Diffusers	1
Welding Digester	1

CC Fee 1

Total Materials Cost \$20,232.19

Shipping & Handling

Labor Total \$0.00

Thank You for allowing us to present this proposal.

\$20,232.19

Signature to begin work:

Monica Sluder 3/20/25



Prepared For

Lucy Serrano/Gulfstream Harbor
(407) 488-6175

Axiom Services

8132 Caraway Dr
Orlando, Florida 32819
Phone: (407) 284-2406
Email: dsrihano@yahoo.com

Estimate # 969

Date 04/03/2025

Description	Rate	Quantity	Total
Install new LED 4" recessed lights under soffits	\$75.00	16	\$1,200.00
-remove soffit and build new support from new LED recess lights			
-run new 12ga wires under soffits			
-connect wires to junction box and power			
-install new LEDs			
LED 4" recessed lights	\$32.00	16	\$512.00

Subtotal \$1,712.00

Florida Sales Tax \$111.28

Total 28

Orange County vendor number 71198
Sun Homes vendor code axi813

Monica Slider

04/03/25

U.S. Water[®]

Services Corporation

510 CR 466 Suite 104
Lady Lake, Fl. 32159

Proposal

2

Date	1/24/2025
Estimate #	101912-2094
Account#	
P.O. #	
Terms	Net 30
Fax#	352-805-4528
Phone#	352-630-2958
Toll Free#	866-753-8292

Name / Address

Gulfstream Harbor
4505 Old Goldenrod Rd.
Orlando, Fl. 32802
C/O Lucy Serrano

Project

Blowers PM and Starter for Blower #1

Description

PM is needed on blower assemblies. Starter for blower #1 has failed and needs replaced.

Scope;

USW will lock out/tag out both blower/motor assemblies. Grease blower bearings.

Install new belts, oil and intake filter elements on both blowers. Install new starter for blower #1.

Adjust belts to proper operating tension/rotation and run to ensure proper operations. Lead time 2-4 weeks.

Code Reference;

64E-8.005(1)(a) through (c), FAC. All components shall function properly at all times. Should the system shut down the supplier shall take steps to restore it immediately. 64E-8.005(2)(a), (b) and (h), FAC. All components shall be in good repair and as intended. Replacement components shall be with new or like new products and approved per .002(6)



Price listed represents the specific scope of service stated above.

Proposal as quoted represents, labor, material and project management specific to the items listed.

With exception of emergency circumstances, should it become necessary to perform additional services due to unforeseen circumstances, a change order will be required and shall be executed by the owner prior to continuation of work.

Payment is expected within 30 days from receipt of invoice(s) related to work.

Effective term is 30 days from date of proposal.

US Water Services reserves the right to apply "Price in Effect" at time of delivery due to shortages and/or further tariff declarations by state or federal agencies. US Water Services will not be responsible for industry price changes or shortages beyond our control as a result of changes to the current tariff law.

Item	Quantity
Intake Element	2
B-64 Belts	2
B-75 Belts	3
Blower Oil	1
Blower Grease	1
Motor Starter	1
Bimetallic Overloads	1
Disposal Fee	1
Shop Consumables	1
Total Materials Cost	\$1,769.78
Shipping & Handling	
Labor Total	\$1,065.00
Thank You for allowing us to present this proposal.	\$2,834.78

Signature to begin work:

Monica Slider, R.V.P.

01/24/25